



PETITION FOR A SPECIAL PRIVILEGE ccl-246 (8/10)

SP 2532

- New application \$250.00 Fee
- Amendment to add items to Special Privilege # _____ (\$125.00 Fee)
- Amendment to remove items from Special Privilege # _____ (No fee)
- Amendment for change of ownership for Special Privilege # 1771 (No fee)

- File petition with the Department of Public Works, 841 North Broadway, Room 919, Milwaukee, WI 53202, telephone (414) 286-2454.
- Fee must be submitted with petition. Checks should be made payable to the City of Milwaukee.
- Petition must be submitted in duplicate.

To the Honorable, The Common Council of the City of Milwaukee:

The Licensee Mental Health America of Wisconsin
(Name of Individual, Partners, Corporation or LLC)

being the owners of the following property known by street address as 734 N 4th St
(Street Address and Zip Code)

in the 4th Aldermanic District respectfully petition the Common Council of the City of Milwaukee according to the provisions of Section 66.0425 of the Wisconsin Statutes, that the following privilege be granted:

Description of Special Privilege: change of ownership for building façade
CLF 980161

Of which a plan or sketch is herewith submitted. Petitioner agrees to comply with all laws and all ordinances of the City of Milwaukee, to abide by any order or resolution of the Common Council affecting this privilege, to be primarily liable for damages to person or property by reason of the granting of such privilege, pay annual compensation as provided by law in the sum to be fixed by the proper city officers, and to file and keep current throughout the existence of the privilege, a certificate of insurance indicating applicant holds a public liability policy in at least the sums of \$25,000.00/\$50,000.00 bodily injury, and \$10,000.00 property damage, insuring the city against any liability that might arise by reason of the privilege.

Petitioner further agrees to remove said privilege whenever public necessity so requires when so ordered upon resolution adopted by the Common Council or other legislative body.

Should this special privilege be discontinued for any reason whatsoever, petitioner agrees to remove all construction work executed pursuant to this special privilege, to restore to its former condition and to the approval of the Commissioner of Public Works, any curb, pavement, or other public improvement which was removed, changed or disturbed by reason of the granting of this special privilege. Petitioner further agrees not to contest the validity of Section 66.0425 of the Wisconsin Statutes, or the legality of this special privilege in any way.

Name (Please Print): Kristina Finnel, President/CEO
(Individual, Partner, or Agent if corporation or LLC as shown above)

Signature: *Kristina Finnel*
(Individual, Partner, or Agent if corporation or LLC)

Corporation or LLC Name: Mental Health America of Wisconsin
(If applicable, as shown above)

Mailing Address (If different than property address above): _____

(OVER)

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Architect/Engineer/Contractor (If Applicable)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____