## CCL-246 (Rev. 3/06) PETITION FOR A SPECIAL PRIVILEGE

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\$250.00 Publication Fee Must Accompany This Petition SUBMIT PETITION IN DUPLICATE	3-14	, 20 <u>06</u>
To the Honorable, The Common Council of the City of Milwaukee:		
The undersigned ONYX LLC (Name of Individual, Partners, Corporation		
being the owners of the following property known by street address as		53209   Zip Code)
in the <u>1st</u> Aldermanic District respectfully petition the Comr to the provisions of Section 66.0425 of the Wisconsin Statutes, that the fo	mon Council of the City o ollowing privilege be gran	of Milwaukee according ited:
One covered walk		
(Here describe the privilege)		
Of which a plan or sketch is herewith submitted. Petitioner agrees to commilwaukee, to abide by any order or resolution of the Common Council af damages to person or property by reason of the granting of such privilege compensation as provided by law in the sum to be fixed by the proper city the existence of the privilege, a certificate of insurance indicating applicant sums of \$25,000.00/\$50,000.00 bodily injury, and \$10,000.00 property damight arise by reason of the privilege.  Petitioner further agrees to remove said privilege whenever public resolution adopted by the Common Council or other legislative body.  Should this special privilege be discontinued for any reason what construction work executed pursuant to this special privilege, to restore to Commissioner of Public Works, any curb, pavement, or other public improdisturbed by reason of the granting of this special privilege. Petitioner further	fecting this privilege, to be, to furnish a bond and per officers, and to file and not holds a public liability parmage, insuring the city are necessity so requires we soever, petitioner agrees to its former condition and overment which was removed.	pe primarily liable for pay annual keep current throughout policy in at least the against any liability that when so ordered upon to remove all to the approval of the eved, changed or
66.0425 of the Wisconsin Statutes, or the legality of this special privilege	in any way.	and validity of Goodon
Name (Please Print): OBIORA OBI  (Individual, Partner, or Agent if	corporation or LLC)	
Signature: Wisa Cls_		
Corporation or LLC Name: ONYX (If applicable)		
(ii applicable)		
Mailing Address (If different than above): 4830 N 47 <sup>TH</sup> ST		
City: MILWAUKEE	State: WI	Zip: 53218
Telephone: 414-788-7705 E-Mail: OBIORAOBI@A	OL.COM	