



# TEMPORARY STREET PRIVILEGE PERMIT

Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-8184  
<http://www.cityoflacrosse.org> [engineering@cityoflacrosse.org](mailto:engineering@cityoflacrosse.org)

Permit No:	2018-
Date:	05-25-18
Parcel ID:	

STATUS:	Permit Type: TSP
---------	------------------

OWNER	Name: Riverfest, Inc. / Christopher Hellesen			
	Address: PO Box 1745			
PROJECT	City: La Crosse	State: WI	Zip Code: 54602	
	Phone: 608-782-6000	Cell: 608-792-7439	Fax:	Email: cchellesen@charter.net
	Vehicle License Number (If Applicable):		Tag #:	
	Location: West side of Front St from Vine to State - handicap parking (see continuation in additional conditions)			
	Area to be occupied: <input type="checkbox"/> Traffic Lane(s) <input checked="" type="checkbox"/> Parking Lane(s) <input type="checkbox"/> Boulevard <input type="checkbox"/> Sidewalk <input type="checkbox"/> Alley			
OFFICE USE ONLY	Purpose for permit: Handicap / event parking			
	Additional Conditions: West side of Front St from State to Radisson crosswalk - handicap; from Radisson crosswalk to Civic Center crosswalk - Parking By Riverfest permit only signs			
	Start Date: 7/4/18		End Date: 7/7/18	
	Invoice #: Fee: \$ 35.00 (\$35.00 first 5 days, \$2.00 each additional day)			
Permit issued by:				
Comments:				

The undersigned understands and agrees to the following: 1) The permitted work shall comply with all permit provisions and conditions listed on and attached to this form; 2) That insurance requirements shall be met prior to approval either by submitting information with application or by keeping current information on file with the Engineering Dept.; 3) The applicant shall contact City Dispatch and the City Traffic Engineer 24 hours prior to the closure of any traffic lanes and shall provide an estimate of the duration of the closure. Temporary traffic control shall be provided and maintained by the applicant and shall comply with Part 6 of the *Manual on Uniform Traffic Control Devices (MUTCD)*.

CHRISTOPHER HELLESEN  
(PRINT) AUTHORIZED REPRESENTATIVE

SECURITY DIRECTOR  
TITLE

5/21/18  
DATE

(SIGN) AUTHORIZED REPRESENTATIVE

SECURITY DIRECTOR  
TITLE

5/21/18  
DATE