Finding and Order Application
Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-8184
http://www.cityoflacrosse.org engineering@cityoflacrosse.org

/			=751514	
Date:	10C	16	20	17

STATUS:

Application Type:

Parcel ID:

Application No:

20000	ood.	dilla-			VO				
		Name: ANDrea RICHMOND							
		Address: 1312 CUNNINCHAM ST							
		City: La CROSSE	State: (1)/	20	Zip Code: 4603				
		Phone: — Cell 608-	397-4665	Fax:	Email: RICHMONPO (6)				
		Traffic Area Details C. +VOLL CHALD M.							
		Location of request Charles St. + Rubel St. Northside School							
	5	Purpose Edisjoinal Stop SIGNSAT Intersection- Needer							
	ี เบ		Type : Parking (No Parking, Loading Zone, 2 Hour) Traffic Control (Stop, Yield) Directional Control (Turning Lane)						
(9	Pedestrian (Crosswalk, Advanced Warning) Direction of Travel (One Way) Other (specify in Comments)							
Amplionet Tofoth		comments arrently Vie 6- Dangerous Intersection							
	9 5 =	The undersigned understands and 1.) The completed work does no							
	2.) Results of recommendations are subject to approval by the Board of Public Works (BPW) or Common Council;								
	3.) Implementation shall comply as necessary with Wisconsin State Statutes, City of La Crosse Municipal Code, and all adopted traffic standards, including but not limited to the MUTCD, AASHTO "Green Book", and HCM, /								
		4.) Once invoiced, application fe	es may not be refunded	1. 10	1/0 / 1/				
		Andracky lup	X	Citylogy	0, Nember 8/16/17				
		(PRINT) APPLICANT OR AUTHORIZE	REPRESENTATIVE	TILE	DATE				
No.		ANDVER FICH	MAALIA	L	1				
		(SIGN) APPLICANT OR AUTHORIZED	REPRESENTATIVE	TITLE	DATE				
		(SIGN) AFFEICANT OR AUTHORIZED REFRESENTATIVE TITLE DATE							
		and the same	Review	(fee: \$25.00)					
		Start Review Date:		End Review Date:	End Review Date:				
>	C35527	Review conducted by:							
Traffic Study Required: Yes No Petition Required: Yes No									
60		Recommended Signage:							
Traffic Engineer use	(Comments:							
III		Implementation (fee: \$1.00 per lineal foot affected or required)							
6	1	Implementation Start Date:		Implementation End [Date:				
1	I	mplementation conducted by:							
		Board of Public Works meeting date:	9/11/1	7	Approved Denied				
	A	Additional Conditions:		1- 1016					
	17-1248								
		Application fee: \$25.00	Application Invoice #	: 150971	Paid: Kyes I No Palo Cast				
on!		Implementation fee: \$	Implementation Invo	ice #:	Paid: Tyes No				
Office use only		Comments:		**************************************	<u> </u>				
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