



**TRAFFIC/PARKING ZONE REQUEST FORM  
FINDING AND ORDER APPLICATION**

Engineering Department \* Phone: (608) 789-7505 \* Fax: (608) 789-8184  
www.cityoflacrosse.org/engineering engineering@cityoflacrosse.org

APPLICATION NO:
DATE:
PARCEL ID:

STATUS:	APPLICATION TYPE:
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**APPLICANT INFORMATION**

NAME (FIRST, MI, LAST): Terrence M. Eichten	DATE: 10/19/2020
ADDRESS (STREET, CITY, STATE, ZIP): 901 Caledonia Street, LaCrosse, WI 54603	
PRIMARY PHONE NUMBER: 952-607-8872	EMAIL ADDRESS: teichten@partnersmn.com

**TRAFFIC AREA DETAILS**

LOCATION OF REQUEST – BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE):  
The east side of Caledonia, on the 900 block. Would like 'LOADING ZONE' signs along the street in front of our business 'Partners in Excellence'. We have clients being dropped off between 7:30-9:30am weekdays and clients being picked up between 3:30-5:30pm weekdays.

PURPOSE OF REQUEST:  ADD ZONE     REMOVE ZONE

ZONE TYPE:     PARKING (No Parking, Loading Zone, 2 Hour)     TRAFFIC CONTROL (Stop, Yield)     DIRECTIONAL CONTROL (Turning Lane)  
 PEDESTRIAN (Crosswalk, Advanced Warning)     DIRECTION OF TRAVEL (One Way)     OTHER (Specify in Comments)

COMMENTS:  
Our clients are special needs children between the ages of 2 and 8. The least amount of distractions and the most safety for our clients is what we are concerned with. Some days they are forced to walk the length of the block due to parking.

The undersigned understand and agrees to the following:  
1. The completed form does not guarantee the desired outcome;  
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 the MUTCD;  
4. The applicant will be notified of meeting date for public hearing before BPW or Common Council;  
5. Attaching a petition may be beneficial in the decision-making process.

Terrence M. Eichten	Maintenance Lead	10/19/2020
APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE (TYPED**)	TITLE	DATE

*\*\*By typing your name, this constitutes a legally binding, electronic signature*

**TRAFFIC ENGINEER USE ONLY**

DATE RECEIVED:	REVIEWED BY:
TRAFFIC STUDY REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PETITION REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
TRAFFIC ENGINEER COMMENTS:	

**POLICE PARKING UTILITY USE ONLY**

DATE RECEIVED:	REVIEWED BY:
POLICE PARKING UTILITY COMMENTS:	

**BOARD OF PUBLIC WORKS USE ONLY**

BOARD OF PUBLIC WORKS MEETING DATE:	APPLICANT NOTIFIED BY (NAME):	DATE/TIME OF NOTIFICATION:
COMMENTS:		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	EFFECTIVE DATE:	