



TEMPORARY STREET PRIVILEGE PERMIT

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

Permit No:
Date:
Parcel ID:

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

Name:	La Crosse City Vision Foundation (LCCVF)		
Address:	PO Box 0175		
City:	La Crosse	State:	WI
Phone:	Cell: 608.386.4537	Fax:	Zip Code: 54602
Vehicle License Number (If Applicable):	Tag #:	Email:	mr.mrkeil@gmail.com

Location:	Lampposts in downtown along 2nd, 3rd, 4th, 5th, Main, Pearl, Jay				
Area to be occupied:	Traffic Lane(s)	Parking Lane(s)	Boulevard x	Sidewalk	Alley
Purpose for permit:	Display of holiday snowflakes				
Additional Conditions:	Support information regarding snowflake specs and locations to be provided under separate cover.				
Start Date:	11/2/22	End Date:	When convenient for city crew after 1/1/23.		

Invoice #:	Fee: \$
	(\$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)*.

Note: Once invoiced, application fees may not be refunded. Details of permit, including dates, may be modified with approval of the Engineering Department.

Michael R. Keil (PRINT) AUTHORIZED REPRESENTATIVE	LCCVF Board Member/Volunteer TITLE	11/14/22 DATE
 (SIGN) AUTHORIZED REPRESENTATIVE	LCCVF Board Member/Volunteer TITLE	11/14/22 DATE