

DATE RECEIVED:

POLICE PARKING UTILITY COMMENTS:

## TRAFFIC/PARKING ZONE REQUEST FORM

APPLICATIO	N NO:
DATE:	
PARCEL ID:	

FINDING AND ORDER APPLICATION Engineering Department \* Phone: (608) 789-7505 \* Fax: (608) 789-8184 www.cityoflacrosse.org/engineering engineering@cityoflacrosse.org APPLICATION TYPE: STATUS: APPLICANT INFORMATION NAME (FIRST, MI, LAST): DATE: ADDRESS (STREET, CITY, STATE, ZIP): PRIMARY PHONE NUMBER: EMAIL ADDRESS: TRAFFIC AREA DETAILS LOCATION OF REQUEST – BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE): ■ REMOVE ZONE PURPOSE OF REQUEST: ADD ZONE **ZONE TYPE:** ☐ PARKING (No Parking, Loading Zone, 2 Hour) ☐ DIRECTIONAL CONTROL (Turning Lane) ☐ TRAFFIC CONTROL (Stop, Yield) ☐ PEDESTRIAN (Crosswalk, Advanced Warning) ☐ DIRECTION OF TRAVEL (One Way) ☐ OTHER (Specify in Comments) **COMMENTS:** The undersigned understand and agrees to the following: The completed form does not guarantee the desired outcome; 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; The applicant will be notified of meeting date for public hearing before BPW or Common Council; Attaching a petition may be beneficial in the decision-making process. Parking requests need to come from or have approval from the Property Owner(s). APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE (TYPED\*\*) TITLE \*\*By typing your name, this constitutes a legally binding, electronic signature TRAFFIC ENGINEER USE ONLY DATE RECEIVED: **REVIEWED BY:** TRAFFIC STUDY REQUIRED: PETITION REQUIRED: ☐ YES ■ NO ☐ YES ■ NO TRAFFIC ENGINEER COMMENTS:

BOARD OF PUBLIC WORKS USE ONLY			
BOARD OF PUBLIC WORKS MEETING DATE:	APPLICANT NOTIFIED BY (NAME):	DATE/TIME OF NOTIFICATION:	
COMMENTS:			
APPROVED DENIED	EFFECTIVE DATE:		

POLICE PARKING UTILITY USE ONLY

**REVIEWED BY:**