

TRAFFIC/PARKING ZONE REQUEST FORM APPLICATION NO: FINDING AND ORDER APPLICATION

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DATE:	
PARCEL ID:	

STATUS:

COMMENTS:

☐ APPROVED

☐ DENIED

APPLICATION TYPE:

APPLICANT INFORMATION NAME (FIRST, MI, LAST): GARY PRIMARY PHONE NUMBER: TRAFFIC AREA DETAILS LOCATION OF REQUEST – BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE): 20th AND JACKSON ST. TRAFFIC CONTROL (Stop, Yield) ■ DIRECTIONAL CONTROL (Turning Lane) PARKING (No Parking, Loading Zone, 2 Hour) ZONE TYPE: PEDESTRIAN (Crosswalk, Advanced Warning) ☐ DIRECTION OF TRAVEL (One Way) ☐ OTHER (Specify in Comments) COMMENTS: some neighbors ask for the changes 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; 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. APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE (TYPED**) **By typing your name, this constitutes a legally binding, electronic signature TRAFFIC ENGINEER USE ONLY **REVIEWED BY:** DATE RECEIVED: PETITION REQUIRED: YES □ NO TRAFFIC STUDY REQUIRED: YES □ NO TRAFFIC ENGINEER COMMENTS: POLICE PARKING UTILITY USE ONLY **REVIEWED BY:** DATE RECEIVED: POLICE PARKING UTILITY COMMENTS: BOARD OF PUBLIC WORKS USE ONLY DATE/TIME OF NOTIFICATION: APPLICANT NOTIFIED BY (NAME): BOARD OF PUBLIC WORKS MEETING DATE:

EFFECTIVE DATE: