



**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:

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):
PURPOSE OF REQUEST: <input type="checkbox"/> ADD ZONE <input type="checkbox"/> REMOVE ZONE
ZONE TYPE: <input type="checkbox"/> PARKING (No Parking, Loading Zone, 2 Hour) <input type="checkbox"/> TRAFFIC CONTROL (Stop, Yield) <input type="checkbox"/> DIRECTIONAL CONTROL (Turning Lane) <input type="checkbox"/> PEDESTRIAN (Crosswalk, Advanced Warning) <input type="checkbox"/> DIRECTION OF TRAVEL (One Way) <input type="checkbox"/> OTHER (Specify in Comments)
COMMENTS:
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. 6. Parking requests need to come from or have approval from the Property Owner(s).

APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE (TYPED**)	TITLE	DATE
<i>**By typing your name, this constitutes a legally binding, electronic signature</i>		

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:	