



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: <u>Interstate Roofing</u>			
Address: <u>N5544 Commerce Rd</u>			
City: <u>Oralaska</u>	State: <u>WI</u>	Zip Code: <u>54650</u>	
Phone: <u>608-783-2106</u>	Cell: <u>608-780-1156</u>	Fax:	Email: <u>justin@interstate-roofing.com</u>
Vehicle License Number (If Applicable):		Tag #:	

Location: <u>State St by Gundersen Downtown between 2nd and 3rd St</u>	
Area to be occupied: <input checked="" type="checkbox"/> Traffic Lane(s) <input checked="" type="checkbox"/> Parking Lane(s) <input type="checkbox"/> Boulevard <input type="checkbox"/> Sidewalk <input type="checkbox"/> Alley	
Purpose for permit: <u>Crane access for re-roofing</u>	
Additional Conditions: <u>We will be hiring Central states to help with signage.</u>	
Start Date: <u>3-14-22</u>	End Date: <u>4-8-22</u>

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.

Justin Riley
(PRINT) AUTHORIZED REPRESENTATIVE

Authorized Agent
TITLE

3-9-22
DATE

Justin Riley
(SIGN) AUTHORIZED REPRESENTATIVE

Authorized Agent
TITLE

3-9-22
DATE