

(SIGN) AUTHORIZED REPRESENTATIVE

TFMPORARY STREET PRIVILEGE PERMIT

Permit No:		
Date:		_

DATE

1	STATUS:	Permit Type:
		: (608) 789-7505 = Fax: (608) 78 engineering@cityoflar
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	http://www.cityofla	acrosse.org	engineering@cityoflacros		Date:			
ONST THE	STATUS:		Permit Type:	F	Parcel ID:			
Addr City: Phone	Name: FowER & HAMMER Address: 313 MOINITOR STREET City: LACLOSSE State: WISCONSIN Zip Code: 54603 Phone: 608-782-6849 [Cell: 608-792-2138] Fax: Email: ahoffman & fowler hammer.com Vehicle License Number (If Applicable): Tag #:							
Location: GHS DONNTOWN - 215 3rd St. N. LACROSSE, WY 54605 Area to be occupied: Traffic Lane(s) Parking Lane(s) Boulevard (Sidewalk) Alley Purpose for permit: TEMPORARY SCAFFOLD W/ TUNNEL FOR EXTERIOR FACTOR WORK Additional Conditions: THIS WORK PLANS TO START 4/4/2022 & WILL BE 6N 601NG THROUGH JUNE 2022.								
Start	Date: APRIL 4th 2:	322	End Date: J'o	v€ 30th;	2022			
Perm	ce #: it issued by: ments:	Fee: \$ (\$35.00 first 5 days, \$2.0	0 each additional day)					
onditions ubmitting hall conta stimate o omply wit <u>lote:</u> Onc	listed on and attached to information with applica- ect City Dispatch and the Of the duration of the closu th Part 6 of the Manual or	grees to the following: 1) The othis form; 2) That insural tion or by keeping current in City Traffic Engineer 24 hours are. Temporary traffic control of the control of th	nce requirements shall be information on file with the rs prior to the closure of a ol shall be provided and m evices (MUTCD).	e met prior to e Engineering ny traffic land aintained by	o approval either by g Dept.; 3) The applicant es and shall provide an the applicant and shall			
PRINT) AU	THORIZED REPRESENTAT	TITLE			DATE			

TITLE