



Finding and Order Application

Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-8184
http://www.cityoflacrosse.org engineering@cityoflacrosse.org

Application No:
Date: 05/31/17
Parcel ID:

STATUS:	Application Type: F+O
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Applicant Information

Name: Torrance Casting (Fvin Behlen)
 Address: 3131 Commerce Street
 City: LaCrosse State: WI Zip Code: 54603
 Phone: 608.781.0605 Cell: x 204 Fax: _____ Email: eeb@torrance

Traffic Area Details

Location of request: North & South of North driveway & North of South ^{casting.com} driveway
 Purpose for signing: Access for Semis & visibility for other drivers
 Sign Type : Parking (No Parking, Loading Zone, 2 Hour) Traffic Control (Stop, Yield) Directional Control (Turning Lane)
 Pedestrian (Crosswalk, Advanced Warning) Direction of Travel (One Way) Other (specify in Comments)

Comments: Also, South of Ferguson/Kish drive on East side of Commerce Street across from Torrance North driveway

The undersigned understands and agrees to the following:
 1.) The completed work 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 all adopted traffic standards, including but not limited to the MUTCD, AASHTO "Green Book", and HCM,
 4.) Once invoiced, application fees may not be refunded.

[Signature] (PRINT) APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE Process Improvement Mgr. DATE 5/10/17

Fvin E Behlen (SIGN) APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE _____ DATE _____

Traffic Engineer use only

Review (fee: \$25.00)

Start Review Date: _____ End Review Date: _____
 Review conducted by: _____
 Traffic Study Required: Yes No Petition Required: Yes No
 Recommended Signage: _____
 Comments: _____

Implementation (fee: \$1.00 per lineal foot affected or required)

Implementation Start Date: _____ Implementation End Date: _____
 Implementation conducted by: _____
 Board of Public Works meeting date: 2/10/20 20-6208 Approved Denied
 Additional Conditions: _____

Office use only

Application fee: \$25.00	Application Invoice #:	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Implementation fee: \$	Implementation Invoice #:	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:		