



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

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| APPLICATION NO: |
| DATE: |
| PARCEL ID: |

STATUS:

APPLICATION TYPE:

PARCEL ID:

APPLICANT INFORMATION

| | |
|---|--|
| NAME (FIRST, MI, LAST): JEFFREY G Buckholtz | DATE: 3-16-2021 |
| ADDRESS (STREET, CITY, STATE, ZIP): 719 STATE ST | |
| PRIMARY PHONE NUMBER: 608-519-1600 | EMAIL ADDRESS: AudiolustRecords@gmail.com |

TRAFFIC AREA DETAILS

LOCATION OF REQUEST - BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE):
NORTHERN half of west side of STATE STREET between 7th + 8th ST

PURPOSE OF REQUEST: ADD ZONE REMOVE ZONE

ZONE 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: I own Audiolust Records. we have no available parking for our personal vehicles, we need more than 2 hr parking during business hours. We are requesting rezoning of 1/2 of the block opposite side of J STREET from our business: 719 STATE ST.

- 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.

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|--|-------------------------|-----------|
| | OWNER Audiolust Records | 3-16-2021 |
| APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE (TYPED**) | TITLE | DATE |

**By typing your name, this constitutes a legally binding, electronic signature

TRAFFIC ENGINEER USE ONLY

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|---|--|
| DATE RECEIVED: 3/17/21 | REVIEWED BY: SJS |
| TRAFFIC STUDY REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | PETITION REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| TRAFFIC ENGINEER COMMENTS: vacate 2hr parking | |
| 3/22 21-0389 | |

POLICE PARKING UTILITY USE ONLY

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|----------------------------------|--------------|
| DATE RECEIVED: | REVIEWED BY: |
| POLICE PARKING UTILITY COMMENTS: | |

BOARD OF PUBLIC WORKS USE ONLY

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|---|-------------------------------|----------------------------|
| 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: | |