



# TEMPORARY STREET PRIVILEGE PERMIT

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

Permit No:	2020-080
Date:	10/05/20
Parcel ID:	

STATUS:	Approved	Permit Type:	TSP
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Name:	Borton Construction, Inc.					
Address:	2 Cleveland Ave					
City:	Lacrosse	State:	WI	Zip Code:	54603	
Phone:	779-0400	Cell:	792-2952	Fax:	779-0400	
Email:	hamilton@bortonconstruction.com					
Vehicle License Number (If Applicable):					Tag #:	

Location:	1111 S. 7th Street - Hamilton School				
Area to be occupied:	<input checked="" type="checkbox"/> Traffic Lane(s)	<input type="checkbox"/> Parking Lane(s)	<input type="checkbox"/> Boulevard	<input checked="" type="checkbox"/> Sidewalk	<input type="checkbox"/> Alley
Purpose for permit:	Hamilton school Addition				
Additional Conditions:	Requesting use of Johnson street between 7th and 8th, and portion of West side parking lane on 8th street for construction and staging				
Start Date:	Week of 10/12/20		End Date:	8/13/21	

Invoice #:	Pending	Fee: \$	(\$35.00 first 5 days, \$2.00 each additional day)
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Permit issued by: *[Signature]*

Comments:

OK for 90 days, will need BPW approval for extension of time.

*General Liability Ins. on File*

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.

*Dan Miller*  
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(PRINT) AUTHORIZED REPRESENTATIVE

*Senior PM*  
\_\_\_\_\_  
TITLE

*10/5/20*  
\_\_\_\_\_  
DATE

*[Signature]*  
\_\_\_\_\_  
(SIGN) AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE