



# Finding and Order Application

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

Application No: <b>2014-032</b>
Date: <b>May '14</b>
Parcel ID: <b>NA</b>

STATUS: <b>(A)</b>	Application Type: <b>F+O</b>
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Applicant Information

Name: **Carol T. Wagner (Gordon) Son owner 164573**  
 Address: **201 Johnson St.**  
 City: **Lacrosse** State: **WI** Zip Code: **54601**  
 Phone: **788-4803** Cell: **928** Fax: Email: **caroltwagner@yahoo.com**

### Traffic Area Details

Location of request: **201 Johnson St**  
 Purpose for signing: **REMOVE 2 HOUR PARKING(S) - NOT NEEDED**  
 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: **REMOVE 2 HOUR PARKING(S)**

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.

Carol T. Wagner \_\_\_\_\_ **05/28/2014**  
 (PRINT) APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE DATE  
Carol T. Wagner \_\_\_\_\_  
 (SIGN) APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE DATE

Traffic Engineer use only

**Review** (fee: \$25.00)  
 Start Review Date: **May '14** End Review Date: **May '14**  
 Review conducted by: **MAG, CM #9**  
 Traffic Study Required:  Yes  No Petition Required:  Yes  No  
 Recommended Signage: **rem 2 hr.**  
 Comments: \_\_\_\_\_

**Implementation** (fee: \$1.00 per lineal foot affected or required) **June**  
 Implementation Start Date: **June 14** Implementation End Date: **May 14**  
 Implementation conducted by: **Stu. Dept.**  
 Board of Public Works meeting date: **6/16**  Approved  Denied  
 Additional Conditions: **14-0745**

Office use only

Application fee: \$25.00	Application Invoice #: <b>117685</b>	Paid: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>CR # 5746</b>
Implementation fee: \$	Implementation Invoice #:	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:		