## **TEMPORARY STREET PRIVILEGE PERMIT**

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

Permit No:	
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2024-027.03

Date:

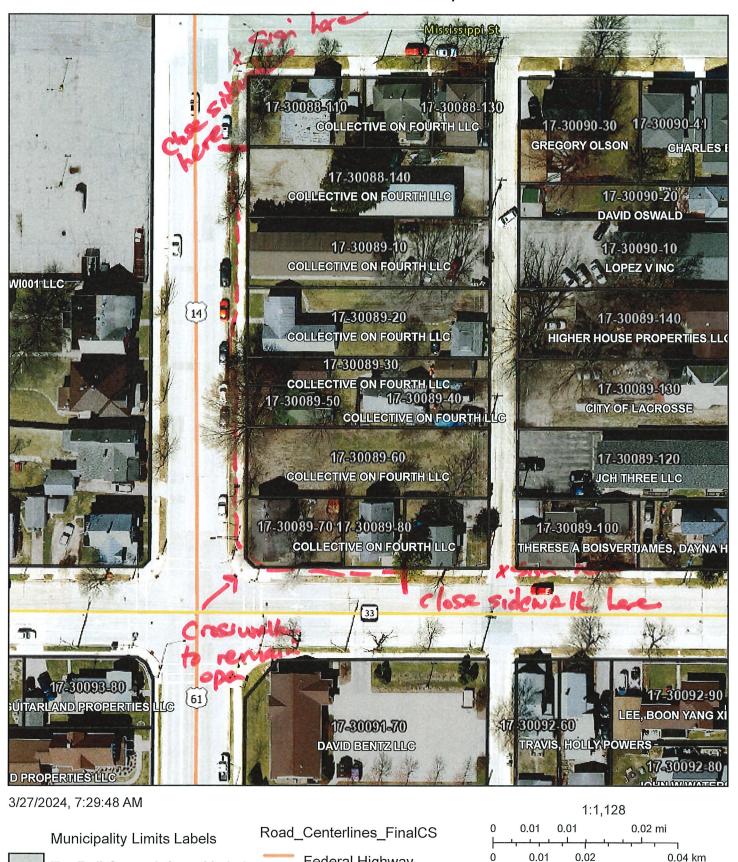
	<b>1</b> * <b>8</b>	3/27/24				
Walter Street	STATUS: Permit Type: TSP	Parcel ID:				
CONST	TOF					
Marine I						
	Name: Sorton Constration					
	Address: 2 Copeland the City: (a Cocce State: WT Zip Code; 54603					
	City: (a Crosck State: wt Zip Code: 5465)  Phone: 775 0100   Cell: 797 1957   Fax:   Email: danwillow but a confidence of the confidence o					
100	Vehicle License Number (If Applicable): Tag #:	411100000000000000000000000000000000000				
	Location: 403 Sackson Sheet  Area to be occupied: Traffic Lane(s) Parking Lane(s) Boulevard Sidewalk Alley					
	Purpose for permit: Construction of the Collective					
	Additional Conditions: Sidewalks along Sackson and 4th to be	closed				
	Notice of the second second	,				
	Start Date: 3/21/24   End Date: 4/1/25	12/21/24				
	Start Date. 7/1/05					
	Invoice #:  Fee: \$ (\$35.00 first 5 days, \$2.00 each additional day)  Permit issued by:  Comments:					
	-Original Application approved from 3/27/24-06/24/24 -1st 90day extension approved from 6/24/24-9/22/24					
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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.

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(PRINT) AUTHÒRIZED REPRESENTATIVE	TITLE	DATE
Dy Mul	. <u>. (</u>	3/x+/2y
(SIGN) AUTHORIZED REPRESENTATIVE	TITLE	DATE

## ArcGIS Web Map



La Crosse County

Federal Highway

State Highway

Local Road

Tax Roll Owner Info and Labels

**Municipality Limits** 

Tax Parcels