



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

APPLICATION NO:
DATE: 10-2-2024
PARCEL ID:

STATUS: APPLICATION TYPE:

APPLICANT INFORMATION

NAME (FIRST, MI, LAST): Nikki J Spies
ADDRESS (STREET, CITY, STATE, ZIP): 1510 Avon St
PRIMARY PHONE NUMBER: 608-397-3614
EMAIL ADDRESS: nikkispiesmama@gmail.com
DATE: 10-2-2024

TRAFFIC AREA DETAILS

LOCATION OF REQUEST - BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE):
IN FRONT OF OUR HOME
PURPOSE OF REQUEST: ADD ZONE REMOVE ZONE
ZONE TYPE: PARKING (No Parking, Loading Zone, 2 Hour) PEDESTRIAN (Crosswalk, Advanced Warning) TRAFFIC CONTROL (Stop, Yield) DIRECTIONAL CONTROL (Turning Lane) DIRECTION OF TRAVEL (One Way) OTHER (Specify in Comments)

COMMENTS:
NEED SIGN FOR DISABLED SON TO BE PICKED UP BY SCHOOL BUS DAILY AND DROPPED OFF

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.
- 6. Parking requests need to come from or have approval from the Property Owner(s).

APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE (TYPED**): *Nikki Spies*
TITLE: Home Owner
DATE: 10-2-2024
**By typing your name, this constitutes a legally binding, electronic signature

TRAFFIC ENGINEER USE ONLY

DATE RECEIVED: 10/2/2024
REVIEWED BY: *[Signature]*
TRAFFIC STUDY REQUIRED: YES NO
PETITION REQUIRED: YES NO
TRAFFIC ENGINEER COMMENTS:

POLICE PARKING UTILITY USE ONLY

DATE RECEIVED: REVIEWED BY:
POLICE PARKING UTILITY COMMENTS:

BOARD OF PUBLIC WORKS USE ONLY

BOARD OF PUBLIC WORKS MEETING DATE: APPLICANT NOTIFIED BY (NAME): DATE/TIME OF NOTIFICATION:
COMMENTS:
 APPROVED DENIED EFFECTIVE DATE: