



**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:
PARCEL ID:

STATUS:
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APPLICATION TYPE:
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**APPLICANT INFORMATION**

NAME (FIRST, MI, LAST):	DATE:
ADDRESS (STREET, CITY, STATE, ZIP):	
PRIMARY PHONE NUMBER:	EMAIL ADDRESS:

**TRAFFIC AREA DETAILS**

LOCATION OF REQUEST - BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE):
PURPOSE OF REQUEST: <input type="checkbox"/> ADD ZONE <input type="checkbox"/> REMOVE ZONE
ZONE TYPE: <input type="checkbox"/> PARKING (No Parking, Loading Zone, 2 Hour) <input type="checkbox"/> TRAFFIC CONTROL (Stop, Yield) <input type="checkbox"/> DIRECTIONAL CONTROL (Turning Lane) <input type="checkbox"/> PEDESTRIAN (Crosswalk, Advanced Warning) <input type="checkbox"/> DIRECTION OF TRAVEL (One Way) <input type="checkbox"/> OTHER (Specify in Comments)
COMMENTS:

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**)	TITLE	DATE
<i>**By typing your name, this constitutes a legally binding, electronic signature</i>		

**TRAFFIC ENGINEER USE ONLY**

DATE RECEIVED:	REVIEWED BY:
TRAFFIC STUDY REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PETITION REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> 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:		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	EFFECTIVE DATE:	