Finding and Order Application
Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-8184
http://www.cityoflacrosse.org

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Date: 2014-04-02
Parcel ID:

STATUS:

Application Type:

ON THE PROPERTY OF THE PROPERT		TW				
Name:Kwik Trip				4395-1		
Address:1626 Oak st			à .			
City: LaCrosse	State:WI	19	Zip Code:5460	01		
Phone:608-793-6439 Cell:608	3-792-4183	.183 Fax:		Email: dvind@kwiktrip.com		
AND ALLER SERVICES AND ALLERS	Traffi	c Area Details				
Location of request:2306 Comme	erce					
Purpose for signing: No Parking s	igns to reduce conflic	t from turning truck tra	affic and parked	cars along curb		
Sign Type: X Parking (No Parking,	Loading Zone, 2 Hour)					
Comments:	ing on west side	10 hds	- LI 4 0	i.e.		
Purpose for signing: No Parking s Sign Type: Parking (No Parking, Pedestrian (Crosswa Comments: Parking (No Parking, Pedestrian (Crosswa The undersigned understands 1.) The completed work does 2.) Results of recommendatio 3.) Implementation shall com and all adopted traffic sta	and agrees to the following and agrees to the following and guarantee the desirons are subject to approve apply as necessary with W	ring: ed outcome; val by the Board of Public isconsin State Statutes,	c Works (BPW) or City of La Crosse	Common Council; Municipal Code,		
Dave Vind		maint. s	maint. supervisor			
(PRINT) APPLICANT OR AUTHOR	IZED REPRESENTATIVE	TITLE	- A. C.	DATE		
12	2	maint.	super	4/2/14		
(SIGN) APPLICANT OR AUTHORI	ZED DEDDECENTATIVE	TITLE		DATE		
(SIGN) AFFLICANT OR AUTHOR						
	Revie	w (fee: \$25.00)				
Start Review Date:	ANI DOG	End Review Date:		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Review conducted by:						
0	Traffic Study Required: Yes No Pe			Petition Required: Yes No		
Recommended Signage:	<u> </u>		8, 1			
Recommended Signage: N Comments: Low With the second state of the	w salpak					
Imp	elementation (fee: \$1.0	00 per lineal foot affect	ed or required)			
Implementation Start Date:	mplementation Start Date:		entation End Date:			
Implementation Start Date: Implementation conducted by:			-			
Board of Public Works meeting da	te: 12/1/22	1	Approved	Denied		
Additional Conditions:	0.5	-13+3				
Application fee: \$25.00	Application Invoice	ce #: 1/6923	Paid: Yes	No		
Implementation fee: \$		Implementation Invoice #:		Paid: Yes No		
Comments:	Implementation 1					
Implementation fee: \$ Comments:						
Jo						
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