



**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: 08/29/2024
STATUS:	APPLICATION TYPE:	PARCEL ID: 17-20253-20

APPLICANT INFORMATION

NAME (FIRST, MI, LAST): City of La Crosse-Parks department		DATE: 08/29/2024
ADDRESS (STREET, CITY, STATE, ZIP): 400 La Crosse St		
PRIMARY PHONE NUMBER: 608-789-7559	EMAIL ADDRESS: flottmeyerj@cityoflacrosse.org	

TRAFFIC AREA DETAILS

LOCATION OF REQUEST – BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE):
The operator of the La Crosse Queen cruise line is asking that the area in front of the ship be considered to become a loading zone for the passengers for the ship. The area is currently a No Parking zone but we/they would like to be able use that area for both purposes. With the demographic of the La Crosse Queen customers the Parks Department

PURPOSE OF REQUEST: ADD ZONE REMOVE ZONE

ZONE 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:
The area is currently a No Parking zone but we/they would like to be able use that area for both purposes. With the demographic of the La Crosse Queen customers the Parks Department believes this would be a good accomadation.

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).

James Flottmeyer	Facilities Manager	08/29/2024
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

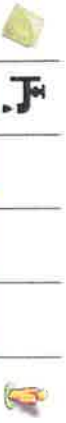
DATE RECEIVED:	REVIEWED BY:
TRAFFIC STUDY REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PETITION REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
TRAFFIC ENGINEER COMMENTS:	

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:	



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