



TEMPORARY STREET PRIVILEGE PERMIT

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

Permit No:
Date:
Parcel ID:

STATUS:
Permit Type:

Name: Lewis Kuhlman			
Address: 400 La Crosse St			
City: La Crosse	State: WI	Zip Code: 54601	
Phone: (608) 789-7361	Cell:	Fax:	Email: kuhlman@cityoflacrosse.org
Vehicle License Number (If Applicable):		Tag #:	

Location: King St. from 4th to 5th; 5th Ave. from King to Main; Main St. from 5th to 9th; Jay St. from 5th to 9th

Area to be occupied: Traffic Lane(s) Parking Lane(s) Boulevard Sidewalk Alley to alley

Purpose for permit: Open Street Event

Additional Conditions: Liability Insurance Listing City of La Crosse As Additional Insured

Start Date: Sunday, September 3rd, 2017	End Date: Sunday, September 3rd, 2017
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Invoice #:	Fee: \$ (\$35.00 first 5 days, \$2.00 each additional day)
Permit issued by:	
Comments:	

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.

(PRINT) AUTHORIZED REPRESENTATIVE _____ TITLE _____ DATE _____

(SIGN) AUTHORIZED REPRESENTATIVE _____ TITLE _____ DATE _____