



**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: 6/1/2021
STATUS:	APPLICATION TYPE:	PARCEL ID:

APPLICANT INFORMATION	
NAME (FIRST, MI, LAST): Matthew Christen/ Wrench & Roll Collective	DATE: 6/1/2021
ADDRESS (STREET, CITY, STATE, ZIP): 1200 Caledonia St., La Crosse, WI 54603	
PRIMARY PHONE NUMBER: 608-406-2261	EMAIL ADDRESS: wrenchanroll@gmail.com

TRAFFIC AREA DETAILS						
LOCATION OF REQUEST -- BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE): The first parking space, 1200 Caledonia St. This would be the space on the NorthEast Corner of St.Paul and Caledonia St. on the Caledonia St. side.						
PURPOSE OF REQUEST: <input checked="" type="checkbox"/> ADD ZONE <input type="checkbox"/> REMOVE ZONE						
ZONE TYPE: <input checked="" 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: This would change the zone from a 1 hr parking to a 15 minute loading zone.						
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.						
<table border="1"> <tr> <td><i>[Signature]</i> CFM</td> <td>CFM Timma Holdings</td> <td>23 JUN 2021</td> </tr> <tr> <td>APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE (TYPED**)</td> <td>TITLE</td> <td>DATE</td> </tr> </table>	<i>[Signature]</i> CFM	CFM Timma Holdings	23 JUN 2021	APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE (TYPED**)	TITLE	DATE
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APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE (TYPED**)	TITLE	DATE				
**By typing your name, this constitutes a legally binding, electronic signature						

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:	