



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: WKBT-TV
Address: 141 S. 6th ST.
City: LACROSSE State: WI Zip Code: 54601
Phone: (608) 793-4500 Cell: (608) 799-7589 Fax: Email: mkuszeowski@wkbt.com
Vehicle License Number (If Applicable): Tag #: XD 1199

Location: CORNER OF ST. CLOUD & COPELAND
Area to be occupied: Traffic Lane(s) Parking Lane(s) Boulevard <input checked="" type="checkbox"/> Sidewalk <input checked="" type="checkbox"/> Alley
Purpose for permit: OCTOBERFEST PARADE BROADCAST
Additional Conditions:

Start Date: 9/29/17	End Date: 9/30/17
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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.

<u>Michael Kuszeowski</u> (PRINT) AUTHORIZED REPRESENTATIVE	<u>CHIEF ENGINEER</u> TITLE	<u>8/17/17</u> DATE
<u>Michael Kuszeowski</u> (SIGN) AUTHORIZED REPRESENTATIVE	_____ TITLE	_____ DATE