



**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:
PARCEL ID:

STATUS:
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APPLICATION TYPE:
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PARCEL ID:
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**APPLICANT INFORMATION**

NAME (FIRST, MI, LAST): Kwik Trip		DATE: 11/5/18
ADDRESS (STREET, CITY, STATE, ZIP): 1626 Oak St. LaCrosse, WI 54602		
PRIMARY PHONE NUMBER: 608 793 6062	EMAIL ADDRESS: tnelegaard@kwiktrip.com	

**TRAFFIC AREA DETAILS**

LOCATION OF REQUEST – BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE):  
See photo's, Looking to add no parking zones on Kwik Trip way (South of the Distribution center).

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:  
Third party carriers park in front of the distribution center making it unsafe for other traffic coming or going from kwiktrip driveways

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.

<i>[Signature]</i>	<i>Development Superintendent</i>	<i>11-5-18</i>
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: <i>[Signature]</i>
TRAFFIC STUDY REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PETITION REQUIRED: <input type="checkbox"/> YES <input checked="" 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: <i>8/26/19</i>	APPLICANT NOTIFIED BY (NAME):	DATE/TIME OF NOTIFICATION:
COMMENTS: <i>19-1259</i>		
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	EFFECTIVE DATE:	

