



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:	APPLICATION TYPE:
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APPLICANT INFORMATION

NAME (FIRST, MI, LAST): Jarvis, Randy, D.	DATE: 10-27-2020
ADDRESS (STREET, CITY, STATE, ZIP): 420 South 9th Street	
PRIMARY PHONE NUMBER: (608)317-8035	EMAIL ADDRESS: jarvisproperties@outlook.com

TRAFFIC AREA DETAILS

LOCATION OF REQUEST – BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE):
Curb area in front of 420 S. 9th St. (we are hoping to prohibit vehicles from blocking the boulevard sidewalk that leads from 9th Street to the residence)

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:
Requesting NO PARKING zone to allow disabled tenant access to sidewalk directly from street

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.

Randy D. Jarvis	Homeowner	10-27-2020
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:	