



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:
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Name:			
Address:			
City:		State:	Zip Code:
Phone:	Cell:	Fax:	Email:
Vehicle License Number (If Applicable):			Tag #:

Location:					
Area to be occupied:	Traffic Lane(s)	Parking Lane(s)	Boulevard	Sidewalk	Alley
Purpose for permit:					
Additional Conditions:					
Start Date:			End Date:		

Invoice #:	Fee: \$ (\$35.00 first 5 days, \$2.00 each additional day)
Permit issued by:	
Comments:	
Our aerial crew will be in easements, no lanes closed, shoulder of the lane, alley ways. Our aerial will be in WILC014.	

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 _____