



TEMPORARY STREET PRIVILEGE PERMIT
 Engineering Dept. • Phone: (608) 789-7505 • Fax: (608) 789-8184
 http://www.cityoflacrosse.org engineering@cityoflacrosse.org

Permit No: <i>2019 -</i>
Date: <i>05/06/2019</i>
Parcel ID:

STATUS:	Permit Type: <i>TSP</i>
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OWNER	Name: Riverfest, Inc / Christopher Hellesen			
	Address: PO Box 1745			
	City: La Crosse		State: WI	
	Phone: 608-782-6000		Zip Code: 54602	
	Cell: 608-792-7439		Email: cchellesen@charter.net	
Vehicle License Number (If Applicable):		Tag #:		

PROJECT	Location: West side of Front St. between State & Vine; west side of Front St. between State and crosswalk behind La Crosse		
	Area to be occupied: <input type="checkbox"/> Traffic Lane(s) <input checked="" type="checkbox"/> Parking Lane(s) <input type="checkbox"/> Boulevard <input type="checkbox"/> Sidewalk <input type="checkbox"/> Alley		
	Purpose for permit: Handicapped / event parking (July 3rd - 6th) - date fields wouldn't allow typing		
	Additional Conditions: Handicap parking on Front St. north of State St. to Vine St. on the west (park) side of the street and on Front St. south of State St. up to the crosswalk that runs from between the Madison and the park also on the west (park) side of the street. The remainder of Front St		
	Start Date: <i>07/03/19</i>	End Date: <i>07/06/19</i>	

OFFICE USE ONLY	Invoice #: <i>Pending</i>	Fee: \$ <i>(</i>
	Permit issued by:	
	Comments:	
	<i>General Liability Ins. on file</i>	

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)*.

Christopher Hellesen	Director	5/6/19
_____	_____	_____
(PRINT) AUTHORIZED REPRESENTATIVE	TITLE	DATE
(esign) Christopher Hellesen	Director	5/6/19
_____	_____	_____
(SIGN) AUTHORIZED REPRESENTATIVE	TITLE	DATE