

Stephanie



**TRAFFIC/PARKING ZONE REQUEST FORM
FINDING AND ORDER APPLICATION**

Engineering Department * Phone: (608) 789-7505 * Fax: (608) 789-3194
www.cityoflacrosse.org/engineering engineering@cityoflacrosse.org

STATUS:	APPLICATION TYPE:	APPLICATION NO:
		DATE:
		PARCEL ID:

APPLICANT INFORMATION	
NAME (FIRST, MI, LAST): <i>Alan Held</i>	DATE: <i>9.22.2020</i>
ADDRESS (STREET, CITY, STATE, ZIP): <i>422 4th St 420 Copeland Av La Crosse WI</i>	
PRIMARY PHONE NUMBER: <i>608 769 3410</i>	EMAIL ADDRESS:

TRAFFIC AREA DETAILS
LOCATION OF REQUEST - BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE): <i>East & West side of Copeland Av from Gould St to the Train tracks</i>
PURPOSE OF REQUEST: <input checked="" type="checkbox"/> ADD ZONE <input type="checkbox"/> REMOVE ZONE
ZONE TYPE: <input type="checkbox"/> PARKING (No Parking, Loading Zone, 2 Hour) <input type="checkbox"/> TRAFFIC CONTROL (Stop, Yield) <input type="checkbox"/> DIRECTIONAL CONTROL (Turning Lane) <input type="checkbox"/> PEDESTRIAN (Crosswalk, Advanced Warning) <input type="checkbox"/> DIRECTION OF TRAVEL (One Way) <input type="checkbox"/> OTHER (Specify in Comments)
COMMENTS: <i>No overnight parking</i>

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>Alan F Held</i>	<i>OWNER</i>	<i>9-22-20</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:
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:	



**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): <i>Donald K Earley Earley Drywall & Construction Inc</i>	DATE: <i>8-12-20</i>
ADDRESS (STREET, CITY, STATE, ZIP): <i>408 Copeland Av</i>	
PRIMARY PHONE NUMBER: <i>608 792 3892</i>	EMAIL ADDRESS: <i>608 784 5611 Earleydrywall@centurylink.net</i>

TRAFFIC AREA DETAILS

LOCATION OF REQUEST - BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE):
West Side of Copeland Av from Gould St to train tracks Also East side of road

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: *No over night parking*

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>Don Earley</i>	<i>President</i>	<i>8-12-20</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:
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:	