



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: Approved

Permit Type: TSP

Name: Alex Demmelky, MD Hoseney
Address: 84 Blaukatte Ave
City: Waukesha WI State: WI Zip Code: 53987
Phone: 517-517-5415 Cell: _____ Fax: _____ Email: demmelky.alex@gmail.com
Vehicle License Number (If Applicable): _____ Tag #: _____

Location: Lettsch Alley
Area to be occupied: Traffic Lane(s) Parking Lane(s) Boulevard Sidewalk Alley
Purpose for permit: Mobility + Window Work
Additional Conditions: _____

Start Date: 8/21/2021 End Date: 10/22/21

Invoice #: _____ Fee: \$ _____
(\$35.00 first 5 days, \$2.00 each additional day)

Permit issued by: [Signature] 9/22/21

Comments:
- Continuation of work w/cones + caution tape surrounding section.
- No work will occur during October-fest Celebration.

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.

Alexander P Demmelky Owner 9/22/21
(PRINT) AUTHORIZED REPRESENTATIVE TITLE DATE

[Signature] Owner 9/22/21
(SIGN) AUTHORIZED REPRESENTATIVE TITLE DATE