



TEMPORARY STREET PRIVILEGE PERMIT

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

Permit No: 2021-

Date:

STATUS:

Permit Type: TSP

Parcel ID:

Name: Nine Dodge - Coulee Monksieson Adolescent Program
Address: 510 Ninth St. (Lincoln Middle)
City: La Crosse State: WI Zip Code: 54601
Phone: (608) 789-6656 Cell: (608) 789-5471 Fax: Email: ndodge@lacrossesd.org
Vehicle License Number (If Applicable): Tag #:

Location: Intersection of Division & Ninth St.
Area to be occupied: Traffic Lane(s) Parking Lane(s) Boulevard Sidewalk Alley

Purpose for permit: Chalk the Pavement Art in the Street

Additional Conditions: Block streets + safety vests if possible If May 20th Raining we'll try for May 22nd instead!

Start Date: Thursday, May 13th, 2021 8 am End Date: 2 pm

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

Permit issued by:

Comments:

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 _____