



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:

APPLICANT INFORMATION

NAME (FIRST, MI, LAST):

DATE:

ADDRESS (STREET, CITY, STATE, ZIP):

PRIMARY PHONE NUMBER:

EMAIL ADDRESS:

LOCATION OF REQUEST - BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE):

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:

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.
6. Parking requests need to come from or have approval from the Property Owner(s).

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: ☐ YES ☐ NO

PETITION REQUIRED: ☐ YES ☐ 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:

☐ APPROVED ☐ DENIED

EFFECTIVE DATE:

