

TRAFFIC/PARKING ZONE REQUEST FORM FINDING AND ORDER APPLICATION

APPLICATION NO:

Engineering Department * Phone: (608) 789-7505 * Fax: (608) 789-8184 www.cityoflacrosse.org/engineering engineering@cityoflacrosse.org

STATUS:

DATE:

APPLICANT INFORMATION					
NAME (FIRST, MI, LAST):		DATE:			
ADDRESS (STREET, CITY, STATE, ZIP):					
PRIMARY PHONE NUMBER:	EMAIL ADDRESS:				

APPLICATION TYPE:

TRAFFIC AREA DETAILS	
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LOCATION OF REQUEST – BE SPECIFIC (PROVIDE PHOTOS IF AVAILABLE):							
PURPOSE OF REQUEST: ADD ZONE REMOVE ZONE							
ZONE TYP	PE: DARKING (No Parking, Loading Zone, 2 Hour) TRA	AFFIC CONTROL (Stop, Yield)	DIRECTIONAL CONTROL (Turning Lane)				
	PEDESTRIAN (Crosswalk, Advanced Warning) DIF	ECTION OF TRAVEL (One Way)	OTHER (Specify in Comments)				
COMMEN	ITS:						
The undersigned understand and agrees to the following:							
1. The completed form does not guarantee the desired outcome;							
2.							
3.	3. Implementation shall comply as necessary with Wisconsin State Statutes, City of La Crosse Municipal Code, and the MUTCD;						
4.	4. The applicant will be notified of meeting date for public hearing before BPW or Common Council;						
5.	5. Attaching a petition may be beneficial in the decision-making process.						
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:				