

■ APPROVED

DENIED

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

| APPLICATIO | N NO: |
|------------|-------|
| DATE: | |
| PARCEL ID: | |

| STATUS: | APPLICATION TYPE: | | | | PARCEL ID: | | |
|--|-------------------|------|-----------------------------|---------|---------------------------|--|--|
| | | | | | | | |
| APPLICANT INFORMATION | | | | | | | |
| NAME (FIRST, MI, IAST): | | | | | | | |
| NAME (FIRST, MI, IAST). | | | | | | | |
| ADDRESS (STREET, CITY, STATE, ZIP): | | | | | | | |
| PRIMARY PHONE NUMBER: | EMAILADDRESS: | | | | | | |
| | | | | | | | |
| TRAFFIC AREA DETAILS | | | | | | | |
| IOCATION 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) | | | | | | | |
| | | | <u>-</u> | | ER (Specify in Comments) | | |
| COMMENTS: | | | | | | | |
| | | | | | | | |
| The completed form does not guarantee the desired outcome; Results of recommendations are subject to approval by the Board of Public Works (BPW) or Common Council; Implementation shall comply as necessary with Wisconsin State Statutes, City of La Crosse Municipal Code, and the MUTCD; The applicant will be notified of meeting date for public hearing before BPW or Common Council; Attaching a petition may be beneficial in the decision-making process. Parking requests need to come from or have approval from the Property Owner(s). | | | | | | | |
| **By typing your name, this constitutes a leg | | ture | TITLE | | DATE | | |
| | | | EER USE ONLY | | | | |
| DATE RECEIVED: | | | REVIEWED BY: | | | | |
| TRAFFIC STUDY REQUIRED: YES | □ NO | | PETITION REQUIRED: YES | □ N | 0 | | |
| 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 | E): D | ATE/TIME OF NOTIFICATION: | | |
| COMMENTS: | | L | | | | | |

EFFECTIVE DATE: