



REQUEST

# Traffic Calming

City of La Crosse Engineering Department

Phone: (608) 789-7505

Email: [engineering@cityoflacrosse.org](mailto:engineering@cityoflacrosse.org)

## Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Traffic Area Details

Location of request: \_\_\_\_\_

Desired traffic calming measures (check all that apply):

Class III: bulbouts  chokers  median island  lateral shift  chicanes   
traffic circle

Class II: speed tables  raised crosswalk  raised intersection

Class I: full closure  partial closure  full diverter  half diverter   
median barrier  forced turn island

Comments:

The undersigned understands and agrees to the following: 1) The completed work does not guaranteed 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 all adopted traffic standards, including but not limited to the MUTCD, AASHTO "Green Book," and HCM.

(Print) Applicant or Authorized representative: \_\_\_\_\_

(Sign) Applicant or Authorized representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

All fees are non-refundable.

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**Below this line to be completed by Traffic Engineer only**

**Review (fee \$25)**

Start review date: \_\_\_\_\_

End Review Date: \_\_\_\_\_

Review conducted by: \_\_\_\_\_

Full study recommended: yes  no

Comments:

**Implementation (fees \$50 per block, \$100 per intersection)**

Implementation start date: \_\_\_\_\_

Implementation end date: \_\_\_\_\_

Implementation conducted by:

Study tasks: questionnaire  study  report/recommendation

Board of Public Works meeting date: \_\_\_\_\_

Approved  Denied

Additional conditions:

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**Below this line to be completed by City staff only**

Review \$25

Application invoice number: \_\_\_\_\_

Paid: yes  no

Implementation fee: \_\_\_\_\_ Implementation invoice number: \_\_\_\_\_

Paid: yes  no

Comments:

Parcel ID(s):