



Traffic Calming Application

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

Application No: _____

Date: _____

STATUS: _____

Application Type: _____

Parcel ID: _____

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____ Email: _____

Traffic Area Details

Location of request: _____

Desired Traffic Calming Measures:

Class III: Bulbouts Chokers Median Island Lateral Shift Chicanes Traffic Circle

Class II: Speed Humps 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 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 all adopted traffic standards, including but not limited to the MUTCD, AASHTO "Green Book", and HCM;
- 4.) Once invoiced, application fees may not be refunded.

(PRINT) APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE DATE

(SIGN) APPLICANT OR AUTHORIZED REPRESENTATIVE TITLE DATE

Traffic Engineer use only

Review (fee: \$25.00)

Start Review Date: _____ End Review Date: _____

Review conducted by: _____

Full Study Recommended: Yes No Recommended Measures: _____

Comments: _____

Implementation (fees: \$25 per block, \$100 per intersection)

Implementation Start Date: _____ Implementation End Date: _____

Implementation conducted by: _____

Study Tasks: Traffic Calming Questionnaire Traffic Calming Study Traffic Calming Report/Recommendation

Board of Public Works meeting date: _____ Approved Denied

Additional Conditions: _____

Office use only

Application fee: \$25.00	Application Invoice #:	Paid: Yes No
Implementation fee: \$	Implementation Invoice #:	Paid: Yes No
Comments: _____		