



Traffic Control Plan 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: _____

Project Area Details

Location: _____

Project or Event: _____

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

Review (fee: \$25.00)

Start Review Date: _____ End Review Date: _____

Review conducted by: _____

Status: Approved Denied Corrections or Updates Required (Resubmit)

Comments: _____

Preparation (fees: \$25 per 2-Lane Block, \$50 per 4-Lane Block)

Preparation Start Date: _____ Preparation End Date: _____

Preparation conducted by: _____

Traffic Control Plan Type: 2-Lane Street (# of Blocks _____) 4-Lane Street (# of Blocks _____)

(Intersections include all blocks requiring advance warning signage regardless of type of work.)

Additional Conditions: _____

Office use only

Review fee: \$25.00	Review Invoice #:	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Preparation fee: \$	Preparation Invoice #:	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____		