



Traffic Study 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: _____

Study Area Details

Location of request: _____
Purpose for study: _____
Related application: Finding and Order Traffic Calming None Application # _____
(required to waive Review fee)

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: _____
Study Parameters Required: Intersection Sight Distance Crash Report Diagram Traffic Counts Other
Recommendation: _____
Comments: _____

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

Implementation Start Date: _____ Implementation End Date: _____
Implementation conducted by: _____
Study Tasks Completed: Volume Count Speed Study Truck % Count Turning Movement Count (16 hour)
 Pedestrian Count ISD CRD Signal Warrant Analysis STOP/YIELD Analysis
Determination: _____

Office use only

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