

Bicycle & Pedestrian Route Designation Application for the Public Roadways

\$40.00 Application Fee

ALL APPLICATIONS	Municipality _____ Date of Application _____ Contact Name _____ Contact Phone _____ Street Address _____ City, State, Zip _____ Email Address _____
** NEW APPLICATIONS	1) Attach a map of the requested Route. Indicate the trail-ends and approved municipal routes to be connected. Additionally, highlight and list businesses that will be served. Attached? <input type="checkbox"/>
	2) Attach a list of all property owners on the proposed route and the notice mailed to them. <input type="checkbox"/>
	3) Indicate the date that the Town Meeting was held by the affected jurisdiction to discuss the route. _____
	4) Attach the municipal ordinance authorizing the route. <input type="checkbox"/>
	Route on _____ County Trunk _____ Length of Route _____ Miles Starting _____ GPS _____ Ending _____ GPS _____ Route _____ Justification _____ _____ _____
Are there any restrictions recommended by the jurisdiction? (i.e. hours of operations, open/close dates?) _____ _____ _____	
ALL APPS	_____ Applicant Signature (Municipality) Date

FOR EAU CLAIRE HIGHWAY PERSONNEL USE ONLY

Comments/restrictions applying to this application: _____

SIGNAGE MUST MEET ALL APPLICABLE MUTCD STANDARDS; STATUTES 23.33 (8) (e) AND NR64.12 (7)

Bicycle/Pedestrian Route
 # of Signs Needed: Silhouette _____ Arrows _____ Start/End _____
 Purchase \$ _____ Installation \$ _____ Annual Maintenance \$ _____ Total \$ _____

Reviewed with Applicant on _____ By _____

Highway/Street Dept: Approved Disapproved By _____

Law Enforcement: Approved Disapproved By _____

Highway Committee: Approved Denied Date _____

Were there any incidents in the prior year? Yes No Count _____

Were there significant complaints? Yes No Count _____

Comments: _____

****NEW APPLICATIONS**

****All ordinances granting road routes must be on file with the DNR**