

Office of the City Engineer

James J. Blazek, P.E.

City Engineer

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Assistant City Engineer, Traffic



City Hall
730 Washington Avenue
Racine, Wisconsin 53403
262-636-9191
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FROM: John C. Rooney
Assistant City Engineer, Traffic Engineer

RE: Policy on "DEAF CHILD AREA" Signage

Consideration of "DEAF CHILD AREA" signs shall be subject to the following stipulations.

- 1) The maximum age of the child shall be 13 years.
- 2) A signed certificate from a qualified doctor shall be provided indicating that the child is hearing impaired.
- 3) A maximum of (2) signs shall be approved per applicant and shall be within a reasonable distance, as determined by the Traffic Engineer, from the primary residence of the child.
- 4) The exact location of the signs shall be as determined by the Traffic Engineer.
- 5) The installation of the signs shall be performed by authorized City Personnel at the expense of the applicant.
- 6) The installation cost shall be determined by the Traffic Engineer and paid by the applicant upon approval by the Traffic Engineer.

The applicant shall be responsible for the initial signing material and labor costs, which fee shall cover all maintenance costs of the signs.

In the event that the child no longer meets the requirements as outlined above, the signs shall be removed by the Department of Transportation and become the property of the City.

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APPLICATION FOR "DEAF CHILD AREA" SIGNS

Date: _____

To the Traffic Engineer:

The undersigned hereby applies for establishment of a "Deaf Child Area" zone in accordance with the City of Racine guidelines.

1) Name of Applicant: _____

2) Address: _____

Racine, WI 534_____

3) Telephone Number: _____

4) Child's Name: _____

5) Relationship: _____
(to Applicant)

6) Date of Birth: _____

The undersigned hereby agrees to pay for the installation of the signage upon approval of the application. I understand that if the child does not meet all requirements as outlined in the POLICY OF "DEAF CHILD AREA" SIGNAGE, that the signs shall be removed by and become the property of the City.

Signature of Applicant

*****A signed certification from a qualified physician must be attached to this application.*****