## Office of the City Engineer

John C. Rooney, P.E. Commissioner of Public Works/ City Engineer



City Hall 730 Washington Avenue Racine, WI 53403 262.636.9191

Fax: 262.636.9545

From: John C. Rooney, P.E.

Commissioner of Public Works/City Engineer

Re: Policy on "Autistic Child Area" Signage

Consideration of "Autistic Child Area" signs shall be subject to the following stipulations:

- 1. The maximum age of the child shall be 17 years.
- 2. A signed certificate from a qualified doctor shall be provided indicating the child has been diagnosed with autism.
- 3. A maximum of two (2) signs shall be approved per applicant and shall be within a reasonable distance, as determined by the City Engineer, from the primary residence of the child.
- 4. The exact location of the signs shall be as determined by the City 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 City Engineer and paid by the applicant upon approval by the City 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 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.

Adopted 11/05/14

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## Application for "Autistic Child Area" Signs

Date:	
To the City Engineer:	
The undersigned hereby applies for establishment of an "Autistic Child Area" zone in accordance withe City of Racine guidelines.	vith
Name of Applicant:	
2. Address & Zip Code:	
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 application. I understand that if the child does not meet all requirements as outlined in the Policy "Autistic Child Area" Signage, the signs shall be removed by and become the property of the City Racine.	of v
Signature of Applicant	

Please Note: A signed certification from a qualified physician must be attached to this application.

Adopted 11/05/14