

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 "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 the child is hearing impaired.
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.

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Application for “Deaf Child Area” Signs

Date: _____

To the City 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 & 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 the application. I understand that if the child does not meet all requirements as outlined in the Policy of “Deaf Child Area” Signage, the signs shall be removed by and become the property of the City of Racine.

Signature of Applicant

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