REQUEST FOR EXCEPTION TO STANDARDS

(Check One)



MULTI-FAMILY HOUSING DESIGN COMMERCIAL DESIGN

Applicant (name and address):
Coulee Council on Addictions, Inc.

Codice Codifici of Addictions, Inc.		
921 West Avenue South, La Crosse, WI 54601		
Owner of site (name and address): Franciscan Medical Center, Inc. Mayo Clinic Corporate Tax Unit		
200 First Street SW, Rochester, MN 55905		
Architect (name and address), if applicable: HSR Associates, Inc.		
100 Milwaukee Street, La Crosse, WI 546903		
Professional Engineer (name and address), if applicable: Paragon Associates		
632 Copeland Avenue, La Crosse, WI 54803		
Contractor (name and address), if applicable:		
Address of subject premises:		- Trail
921, 923, 927, 929, 935 and 939 Ferry Street	Initials of Inspector_	
Tax Parcel No.: see attached	Initials of Inspector	(TW)
Legal Description: See attached		
	_ Initials of Inspector	<u> 1009</u>
Details of Exception Request: Request of waiver of parking requirement (City Ordinance 115-393(k)(1)) white	ch requires 1 space/300 SF of flo	oor area.
The proposed building is 13,583 SF which equates to 45.27 or 46 stalls. We	are requesting a waiver to reduc	e the amount
of required off street parking from 46 stalls to 31 stalls.		
Please explain why the standards of this ordinance The standards of this ordinance should not apply because 1) the original desi	• • •	your property:
the niehgbors concerns , parking spaces were removed. 2) Coulee Council h	 	
Systems for the use of 20 spaces, and 3) Coulée Council's current parking ne	eds during the day rarely exceed	is 25 spaces. In the
evening the need is greatest but still within that 25-30 range. The agreement	with Mayo would allow up to 51	spaces.

CITY OF LA CROSSE, WI
General Billing - 151404 - 2017
004063-0013 Rachel H... 09/08/2017 02:55PM
1608 - COULEE COUNCIL ON ADDICTIONS

Payment Amount:

300.00

What other options have you considered and why were they not chosen: The other options considered was to meet the required number of spaces and displace the vermicomposting site as well as the Enactus garden. (Viterbo/Boys/Girls Club) It would have required pakring access of of the north south alley. Please explain how granting this/these exceptions is consistent with protecting the public interest; in particular, explain how it will impact adjacent properties: This request is as a result of public input and interests that were expressed during a number of input sessions. It allows for natural barriers, keeping of the Hillview Vermicomposting site, and green space that could be used for gardens. With the agreement with Mayo Clinic and the identified stalls it will provide adequate parking for the facility and keep street parking to a minimum Please explain the granting of the requested waiver(s) is consistent with the spirit and intent of the Ordinance; in particular, how will it meet the purpose of the Commercial District in which your property is located: The intent of the ordinance is to provide adequate off street parking to accommodate the facility. With the Mayo Clinic agreement and the 31 stalls identified, the needs identified as part of the ordinance have been met. The Washburn neighborhood is a mixed use area that will benefit from shared parking and additional green space rather than a larger surface lot. I hereby certify that I am the owner or authorized agent of the owner (include affidavit signed by owner) and that I have read and understand the content of this request and that the above statements and any attachments submitted hereto are true and correct to the best of my knowledge and belief. <u> MH2COUNC</u> STATE OF WISCONSIN)ss. COUNTY OF LA CROSSE Personally appeared before me this $\frac{g^n}{}$ day of $\frac{5e^{nbu}}{}$, 2017, the above named individual, to me known to be the person who executed the foregoing instrument and acknowledged the same. **Notary Public** My Commission Expire

Crosse Municipal Code

Chapter 115, Article

(Rev. 08/2014)



Tax Parcel Numbers:

921-17-30053-40

923-17-30053-30

927- 17-30053-20

929- 17-30053-10

935- 17-30052-140

939-17-30052-130

AFFIDAVIT

The undersigned, The undersigned is an adult resident of the City of the undersigned is (one of the) legal owner(s) of the property located at 1. By signing this affidavit, the undersigned authorizes the application for a conditional use permit/district change or amendment (circle one) for said property. Subscribed and sworp to before me this 8 to Agriculture of the Deigne owner(s) of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of the property located at 1. Agriculture of the City of t	The und	ersigned, Wyner Holsk	gaput for F	comienos		
1. That the undersigned is an adult recident of the City of La Cross 2. That the undersigned is (one of the) legal owner(s) of the property located at 121, 121, 121, 123, 124, 125 + 123, 124, 125 + 123, 124, 125 + 124, 125 + 124, 125 + 125, 124, 125 + 125, 124, 125 + 125, 124, 125 + 125, 125, 125, 125, 125, 125, 125, 125,		ersigned, Janner Holst Medical C	agent for F	com/eno		
1. That the undersigned is an adult resident of the City of State		. 10000001		FMC. Inc	•	luly
3. By signing this affidavit, the undersigned authorizes the application for a conditional use permit/district change or amendment (circle one) for said property. Property Owner			is an adult	JI of teapines		City
3. By signing this affidavit, the undersigned authorizes the application for a conditional use permit/district change or amendment (circle one) for said property. Property Owner	2. <u>d</u>	hat the undersigned is (one	e of the) legal owne -0(35 + 939 + 60)	r(s) of the propert	y located	at
	3. By	y signing this affidavit, the unc	dersigned authorizes the	e application for a co		
Subscribed and sworp to before me this 8 th day of 50 pt., 20/9.			Property Owner	AM		
	Subscribe	d and sworn to before me this	•	_, 20 <u>/¶</u> .		
Notary Public My Commission expires 3-18-208	My Comm	ission expires <u>3-16-20</u> 8	THINK E. JOA	No.		
La Crosse County 60 NOTAR, 2	Lacr	osa County	NOTAR,)Z		

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View Parcel Page 1 of 1



Home | Help | Links



Parcel Search | Permit Search

921 FERRY ST LA CROSSE

Municipality:

Parcel: 17-30053-40 City of La Crosse Internal ID: Record Status 31252 Current



Parcel

Taxes

Deeds

Permits

History

Outstanding Taxes

Assessments

Parcel Information:

Parcel: Internal ID:

Municipality: Record Status:

On Current Tax Roll: Total Acreage: Township:

Range: 0 Section:

Qtr:0

17-30053-40 31252 City of La Crosse Current

Yes 0.176 07 05

SE-NW

Property Addresses:

Legal Description:

Street Address 921 FERRY ST

City(Postal) LA CROSSE

Owners/Associations:

Name Relation Mailing Address City State Zip Cor FRANCISCAN SKEMP MEDICAL CENTER INC Owner 700 WEST AVE S LA CROSSE WI 54601 State Zip Code C/O MAYO CLINIC CORPORATE TAX UNIT In Care Of 200 FIRST ST SW ROCHESTER MN 55905

CLINTON & RUBLEES ADDITION LOT 12 BLOCK 7 LOT SZ: 54 9/12 X 140

Districts:

Code Description 2849

Taxation District

LA CROSSE SCHOOL Book 3

Additional Information

Description

2012+ VOTING SUPERVISOR 2012 + VOTING WARDS

2012+ Supervisor District 8 2012+ Ward 15

POSTAL DISTRICT

LACROSSE POSTAL DISTRICT 54601

N

Lottery Tax Information (

Lottery Credits Claimed: Lottery Credit Application Date: 0

La Crosse County Land Records Information (Ver: 2016.9.28.0)

Site Disclaimer

Legal Descriptions for Rezoning Application

923 Ferry Street: Clinton & Rublees Addition-Lot 11 Block 7

927 Ferry Street: Clinton & Rublees Addition-West 20 ft. 2 in. of the South 48 ft. & West 28 ft. 8 in. of the North 92 ft. of Lot 10, Block 7.

929 Ferry Street: Clinton & Rublees Addition-East 34 ft. 7 in. of South 48 ft. & East 26 ft. 1 in. of North 92 ft.- Lot 10, Block 7.

935 Ferry Street: Clinton & Rublees Addition-Lot 9 Block 7

939 Ferry Street: Clinton & Rublees Addition-Lot 8 Except East 6 ft. of South 84 ft. & Except North 56 ft. of East 24 ft. 9 in. Block 7.

921 Ferry - Sec Attacked



Franciscan Healthcare - La Crosse 700 West Avenue South La Crosse, Wisconsin 54601-4783 608-785-0940

mayoclinichealthsystem.org

September 1, 2017

Cheryl Hancock, Executive Director Coulee Council on Addictions 921 West Avenue La Crosse, WI 54601

Dear Cheryl:

The letter is in response to your request for the Coulee Council on Addictions to enter into an agreement with us to allow your visitor to utilize our parking after hours. Mayo Clinic Health System – Franciscan Healthcare supports this request for after hour parking needs. We are working to formalize such an agreement and will have a Memorandum of Agreement completed in September.

These are the details that we are including in the memorandum.

- After hours is defined as after 5PM Monday Friday, weekends and holidays.
- We will provide up to 20 spaces.
- We would request visitors use lot 8 in parking spots closest to Ferry Street.
- This agreement will be reviewed every two years.

I have included a map for your reference.

We look forward to continuing to work with you and the Coulee Council on Addictions.

Sincerely

Joseph Kruse Regional Chair

Mayo Clinic Health System Franciscan Healthcare

Cc:

Christine Feller, Operation Administrator Lisa Josvai, Security Supervisor

Wisconsin Locations: Arcadia, Holmen, La Crosse, Onalaska, Prairie du Chien, Sparta and Tomah

Minnesota Locations: Caledonia and La Crescent

Iowa Location: Waukon

Attachment 1: Parking Map



