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## MULTIFAMILY HOUSING DESIGN STANDARDS APPLICATION

Planning Department • Phone: (608) 789-7512 • Fax: (608) 789-7318 http://www.cityoflacrosse.org

Permit N	lo:	
Date:		

and the										
CONS	DODOO!	STATUS:					Parcel No.:			
	Name: CT Real Estate Investments LLC									
II.	Address: W5864 State Road 33									
3	City: La Crosse State: WI					Zip Code:	54601			
0	Phone: ( ) - Cell: ( ) -			08.769.4540 Fa	x: ( ) -	Email: tjcrents@gmail.com				
	Name: Steve Kumm, Vantage Architects									
	Address: 750 3rd Street N, Ste F									
E E	-	City: La Crosse State: WI				Zip Code:	54601			
<b>4</b> 0	Phone	e() -608.784.272 Ce	1: ( ) -	Fax:	( ) -	Email: ssk	116@hotmail.com			
	Check one: Building Addition Alteration/Remodel									
PROJECT	Pre-A	Description of Work:  24-Unit multi-family residential apartment building, exterior parking, detached 12-stall garage, associated drainage, grading, landscaping  Pre-Application Meeting Date: 05-04-2018  Applying for Exception: \( \subseteq \) No \( \subseteq \) Yes (include \$300 check for public notification)								
À	Project Address:									
H C	Zonin	g District:			Parcel Number: 17-10286-173					
PRO	Addre	ess: 1440 State Road 16				nation same as property owner:				
	City:	La Crosse	State: W	'I	Zip Code 54601	_				
	Date R	Received								
is,	Review Date									
TI NO	Except	tion Check		]						
975	Requir	red Info	☐ Architectural Plan ☐ Site Plan ☐ Exterior Light Fixture Locations ☐ Photos							

The applicant agrees that all design aspects and maintenance plans are in accordance with the requirements of Section 15.46 of the Code of Ordinances for the City of La Crosse. Application, the checklist, and seven (7) sets of required information must be submitted to the City Inspection Department prior to review and acceptance.

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James Ma	kepeace, P.E.,	, Makepeac	e Engineerin	g L	LC		Tom Cole	eman, CT Rea	l Estate	Inve	estments	LLC

(PRINT) Architect/Engineer Name

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Signature (Owner)

(PRINT) Owner Name

☐ Street façade diagram ☐ Design Standards Checklist/LEED Checklist ☐ Landscaping Plan

DATE

Signature (Architect/Engineer)