



COMMERCIAL DEVELOPMENT DESIGN STANDARDS APPLICATION
Planning Department • Phone 608.789.7512 • Fax 608.789.7318
<http://www.cityoflacrosse.org> Planning@cityoflacrosse.org

Permit No.:
Date:
Parcel No.:

STATUS:

OWNER

Name: Tim Ewers - Le Chateau
Address: 410 Cass Street
City: La Crosse, WI 54601
Phone: (608) 782-6498 Cell: (608) 487-3819 Fax: E-mail: dine@lechateaulacrosse.com

ARCHITECT
CONTRACTOR

Name: Chris Olson - Galileo consulting group
Address: 2045 32nd Street S. La Crosse
City: La Crosse, WI 54601
Phone: Cell: Fax: E-mail: colson@galileo-group-us

PROJECT

Check One: ☐ Building ☐ Addition ☐ Alteration/Remodel

Description of Work:

Pre-application Meeting Date:

Applying for Exception: ☐ No ☐ Yes (Include \$300 Check for Public Notification)

PROPERTY

Project Address: 422 Cass Street, La Crosse

Zoning District:

Parcel Number:

Address:

Address same as property owner's address: ☐

City:

State:

Zip Code:

OFFICIAL
USE ONLY

Date Received:

Review Date:

Exception Check:

☐ Yes

☐ No

Required Information:

☐ Site Plan

☐ Architecture Plan

☐ Landscape Plan

☐ Building Elevations & Materials

☐ Exterior Light Diagram

☐ LEED Checklist

☐ Photos

The applicant agrees that all design aspects and maintenance plans are in accordance with the requirements of Section 15.47 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.

(PRINT) Architect/Engineer Name

Tim Ewers
(Print) Owner Name

Signature (Architect/Engineer)

Date

[Signature]
Signature (Owner)

Date