## Permit No: ULTIFAMILY HOUSING DESIGN STANDARDS APPLICATION Planning Department - Phone: (608) 789-7512 - Fax: (608) 789-7318 http://www.cityoflacrosse.org Planning@cityoflacrosse.org Date: STATUS: Parcel No.: Koun Jo. State: Zip Code: Fax: ( B 386-6273 JOEBONOJRO Hotmail-Com ELNIE WS State: Zip Code: 64 Phone ( 7801826 Fax: ( Email: ■ Building ☐ Addition ☐ Alteration/Remodel Description of Work: Bild Turndy Pre-Application Meeting Date: Applying for Exception: 🔲 No Yes (include \$300 check for public notification) Project Address: Wis AGAR Zoning District: Parcel Number: Address: Address information same as property owner: City: State: Zip Code: Date Received Review Date Exception Check T Yes ΠNο 🔯 Architectural Plan 🧾 Site Plan 🔲 Exterior Light Fixture Locations 🔲 Photos Required Info 🔼 Street façade diagram. 🔲 Design Standards Checklist/LEFD Checklist. 🔲 Landscaping Plan 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. (PRINT) Architect/Engineer Name (PRINT) Owner Name

DATE

Signature (Owner)

DATE

Signature (Architect/Engineer)