20-0077

Rev. 05/2018



## CITY OF LA CROSSE, WISCONSIN CERTIFIED SURVEY MAP SUBMITTAL & REVIEW CHECK LIST

CSM located in the City (Department Rev		ii Approvai K	equired)
Extra-Territorial Review: BEFORE FILING WITH THE CITY, you must have both To Commission may not consider any land division which did not have prior approvathe Town(s) and La Crosse County.	own and Co al by the ap	proving auth	
Town Board Approved: (date) La Crosse County Approved:	_N/A	_	
To be completed by property owner/surveyor with submittal:			
Current Tax Parcel Number(s): 17 - 10251 - 201			
Map ID / Location: 2401 HANSER ST.			-
Surveyor:	784	1614	
Property Owner:Phone No	608	180-0	200
Purpose of CSM and intended outcome (or attach a letter explaining):	Gay	ye Johns	son 5ab-
DIVIDE WAREHOUSE FROM UKLA	WY L	AND	Ə10
			•
			,
Have you worked with any other Department/staff person with regard to this CSI	M? If so, w	ho?	
N/4	· · · · · · · · · · · · · · · · · · ·		
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Have you received any other decision with regard to this CSM from any City board	d, commis	sion or comm	nittee?
If so, which one and when? $\mathcal{N}/\mathcal{A}$			007891-0009 Courtney. 12376 - FRONT STREE
			Seneral Billing - 169921
		1/01	CITY OF LA CROSSE,
			-
To be completed by City Clerk at time of filing:			
1-15-2020 Original Document for Signature (Clerk to make a photocop			
Upon approval, the original will be signed and available for	pick up at	the City Cleri	k's Office.)
Review Fee: \$100.00 (cash or check payable to City Treasur	rer)		
Original CSM Issued: 2-6-2020			
emailed to County; Routed 1-16-2020	)		
emailed to wonky; hours			

FIRE PREVENTION AND BUILDING SAFETY APPROVAL This Certified Survey Map is hereby approved by the Chief Inspector. ) GALLARY, 2020. day of Chief Inspector Comments: CITY UTILITIES (WATER - STORM - SEWER) This Certified Survey Map is hereby approved by the City Utilities Office. Dated this 17 day of January 20 20 Storm X Water X **Utilities Office** Comments: ASSESSOR APPROVAL This Certified Survey Map is hereby approved by the Assessor. Dated this / day of An 2020. Lead Appraisal Specialist Comments: ENGINEERING DEPARTMENT APPROVAL This Certified Survey Map is hereby approved by the City Surveyor. Dated this 6th day of February 2020 City Surveyor Comments: COMMON COUNCIL APPROVAL Resolved that this Certified Survey Map is hereby approved by the Common Council of the City of La Crosse. Dated this \_\_\_\_\_ day of \_\_\_\_ Mayor (required only if signing off prior to expiration of veto period) I hereby certify that the foregoing is a copy of a resolution adopted by the Common Council of the City of La Crosse. Dated this \_\_\_\_\_ day of \_

To be completed by each Reviewing Department before the City Clerk will sign.

City Clerk