Rev. 1/2020

## CONTROL OF THE PROPERTY OF THE

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

CSM located in Extra-Territorial Jurisdiction (Council Approval Required)
CSM located in the City (Department Review Only)
Extra-Territorial Review: BEFORE FILING WITH THE CITY, you must have both Town and County approvals. The Plan Commission may not consider any land division which did not have prior approval by the approving authorities for both the Town(s) and La Crosse County.  Town Board Approved: April 19 (date) La Crosse County Approved: _N/A ATTACHED EMAIL
To be completed by property owner/surveyor with submittal (*incomplete checklist may cause a delay in the review)
Current Tax Parcel Number(s):
Map ID / Location: BomA RD.
Surveyor: Christopher Fichner Phone No. 784 1614
Property Owner: DAVID GEBHART  **circle who should be called when CSM is ready for pick up.  Agree Gebbart Qelaval, com  I am the property owner of record, and I approve of this CSM:  Agree Gebbart Quality Com  Agree Gebbart Quality Com
(property owner signature) *In lieu of owner's signature on this submittal checklist, you may provide written communication from property owner.
Purpose of CSM and intended outcome (or attach a letter explaining):  2 LoT CSm: OWE SYISTING STRUCTURE IS LOCATED ON
LOT 1; A PROPOSED STRUCTURE WILL BE LOCATED ON LOT 2 OF THIS CSM
10T2 OF THIS CSM
Have you worked with any other Department/staff person with regard to this CSM? If so, who?
Have you received any other decision with regard to this CSM from any City board, commission or committee?  If so, which one and when?
ii so, which one and when:
To be completed by City Clerk at time of filing:  Will bring after town approval  Original Document for Signature. (Clerk will make a photocopy which is distributed for review.)  Review Fee (cash, check payable to City Treasurer or credit card with convenience fee)  \$200.00 - First Application \$100.00 - Reapplication of the same CSM
Internal Review Routing & Email to County Surveyor. (Initiated by Clerk with complete filing.)
Original CSM Issued. (Upon approval, the original will be signed and available for pick up.)