

**CONDITIONAL USE PERMIT APPLICATION**

Applicant (name and address):

Victoria Brahm, Director, Tomah VA Medical Center,

500 East Veterans Street, Tomah WI 54660

Owner of property (name and address), if different than Applicant:

David and Barbra Erickson

3120 Farnam Street, La Crosse WI, 54601

Architect (name and address), if applicable:

n/a

Professional Engineer (name and address), if applicable:

n/a

Contractor (name and address), if applicable:

n/a

Address(es) of subject parcel(s): 3120 Farnam Street, La Crosse WI, 54601

Tax Parcel Number(s): 17-50304-20

Legal Description (must be a recordable legal description; see Requirements):

Part of the NE 1/4 of the NE 1/4 of Section 9, Township 15 North, Range 7 west, City of La crosse, La Crosse County, Wisconsin described in Attached:

Zoning District Classification: Single Family Residence - R1

A Conditional Use Permit is required per La Crosse Municipal Code Sec. 115-364

*If the use is defined in Sec.:*

- 115-347(6)(c)(1) or (2), see "\*" on the next page.
- 115-353 or 356, see "\*\*\*" on the next page.

Is the property/structure listed on the local register of historic places? Yes \_\_\_\_\_ No

Description of subject site and **CURRENT** use: Single family residence.

Description of **PROPOSED** site and operation/use (detailed plan of the proposed site):

Community Living Arrangement. The home will serve as a residence for up to 10 Veterans participating in Tomah VAMC's Compensated Work Therapy Program (program discription attached)

Type of Structure proposed: No change to structure

Number of **current** employees, if applicable: 0

Number of **proposed** employees, if applicable: 1

Number of **current** off-street parking spaces: 4-5

Number of **proposed** off-street parking spaces: 4-5

CITY OF LA CROSSE, WI  
General Billing - 160764 - 2018  
005337-0003 Mark Pad... 09/06/2018 03:56PM  
194276 - ROWELL, HOLLY

Payment Amount: 300.00

\* If the proposed use is defined in Sec. 115-347(6)(c)

\_\_\_\_\_ (1) and is proposed to have 3 or more employees at one time, a 500-foot notification is required and off-street parking shall be provided. Will there be 3 or more employees at one time? Y\_\_ N\_\_

or

\_\_\_\_\_ (2) a 500-foot notification is required and off-street parking is required.

Where the side or rear lot line abuts or is located across an alley from any residential zoning district, abutting residential property owners shall be notified of the privacy fence provision by the City Clerk.

Any Conditional Use Permit required pursuant Sec. 115-347(6) shall be recorded with the La Crosse County Register of Deeds at the owner's expense.

**\*\*If the proposed use is defined in Sec. 115-353 or 115-356, abutting property owners shall be notified of the privacy fence provision by the City Clerk.**

Check here if proposed operation or use will be a parking lot: \_\_\_\_\_

Check here if proposed operation or use will be green space: \_\_\_\_\_

Applicant/property owner may be subject to a payment in lieu of taxes for a period of twenty (20) years or until the property tax valuation of any new structure or improvements is equal to or greater than the base year valuation of the improvement or structure being demolished.

In accordance with Sec. 115-356 of the La Crosse Municipal Code, a Conditional Use Permit is required for demolition or moving permits if the application does not include plans for a replacement structure of equal or greater value. Any such replacement structure shall be completed within two (2) years of the issuance of any demolition or moving permit.

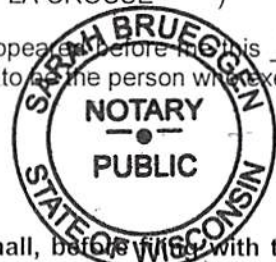
If the above paragraph is applicable, the Conditional Use Permit shall be recorded with the La Crosse County Register of Deeds and should the applicant not complete the replacement structure of equal or greater value within two (2) years of the issuance of any demolition/moving permit, the applicant or property owner shall be subject to a forfeiture of up to \$5,000 per day for each day not completed.

**CERTIFICATION:** I hereby certify that I am the owner of the subject parcel(s) or authorized agent and that I have read and understand the content of this application and that the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

[Signature] 8-30-18  
(signature) (date)  
(608) 372-1777 victoria.brahm@va.gov  
(telephone) (email)

STATE OF WISCONSIN )  
 )ss.  
COUNTY OF LA CROSSE )

Personally appeared before me this 30 day of August, 2018, the above named individual, to me known to be the person who executed the foregoing instrument and acknowledged the same.



[Signature]  
Notary Public  
My Commission Expires: 5/12/2020

Applicant shall, before recording with the City Clerk's Office, have this application reviewed and the information verified by the Director of Planning & Development.

Review was made on the 5th day of September, 2018.

Signed: [Signature] Senior Planner.  
Director of Planning & Development

**AFFIDAVIT OF OWNER**

STATE OF Wisconsin )  
 ) ss  
COUNTY OF La Crosse )

The undersigned, David and Barbra Erickson, being duly  
*(owner of subject parcel(s) for Conditional Use)*

sworn states:

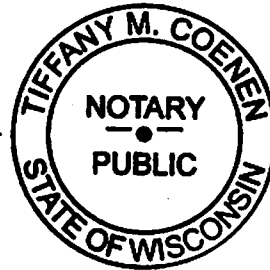
1. That the undersigned is an adult resident of the City of La Crosse,  
State of Wisconsin.
2. That the undersigned is a/the legal owner of the property located at:  
3120 Farnam Street, La Crosse WI 54601  
*(address of subject parcel for Conditional Use)*
3. By signing this affidavit, the undersigned property owner authorizes the application for a  
conditional use permit/district change or amendment (circle one) for said property.

David E. Erickson  
Property Owner  
Barbara A. Erickson

Subscribed and sworn to before me this 4<sup>th</sup> day of Sept, 20 18.

[Signature]

Notary Public  
My Commission expires 5-12-2020.





1144771

STATE BAR OF WISCONSIN FORM 1 - 1982  
WARRANTY DEED

DOCUMENT NO.

VOL 1111 PAGE 953

RECORDED  
AT 10:30 AM

DEC 26 1995

DEBORAH J. FLOCK  
REGISTER OF DEEDS  
La Crosse County, WI

This Deed, made between David E. Erickson and  
Barbara A. Erickson

David E. Erickson and Barbara A. Erickson, Grantor,  
and as Survivorship Marital Property

Witnesseth, That the said Grantor, for a valuable consideration

conveys to Grantee the following described real estate in La Crosse  
County, State of Wisconsin:

THIS SPACE RESERVED FOR RECORDING DATA

NAME AND RETURN ADDRESS  
F. William Haberman  
Michael, Best & Friedrich  
100 E. Wisconsin Avenue, #3300  
Milwaukee, WI 53202-4108

\$ 10.00

17-50304-020

(Parcel Identification Number)

Part of the NE 1/4 of the NE 1/4 of Section 9, Township 15 North,  
Range 7 West, City of La Crosse, La Crosse County, Wisconsin  
described as follows: Beginning at the Northeast corner of Lot 1  
in Block 1 of Bluffview Gardens Addition; thence South 01 degree  
28 minutes 09 seconds East along the East line of Block 1,  
160 feet; thence North 88 degrees 20 minutes East 139.95 feet to  
the West line of 31st Place; thence North 01 degree 35 minutes  
13 seconds West 159.01 feet to the South line of Farnam Street;  
thence South 88 degrees 31 minutes 03 seconds West 139.52 feet to  
the point of beginning.

This is homestead property.  
(is) ~~is not~~

FEE  
77.28 (8)  
EXEMPT

Together with all and singular the hereditaments and appurtenances thereunto belonging;  
And

warrants that the title is good, indefeasible in fee simple and free and clear of encumbrances except None

and I warrant and defend the same.

Date: his 26th day of December, 1995.

David E. Erickson (SEAL)  
David E. Erickson

Barbara A. Erickson (SEAL)  
Barbara A. Erickson

(SEAL)

(SEAL)

AUTHENTICATION

Signature(s) of David E. Erickson and  
Barbara A. Erickson

authenticated this 26th day of December, 1995  
F. William Haberman  
F. William Haberman

TITLE: MEMBER STATE BAR OF WISCONSIN  
(If not, State Bar No. 01010030  
authorized by §706.06, Wis. Stats.)

THIS INSTRUMENT WAS DRAFTED BY  
F. William Haberman  
Michael, Best & Friedrich

(Signatures may be authenticated or acknowledged. Both are not  
necessary.)

ACKNOWLEDGMENT

STATE OF WISCONSIN

ss.

County. }  
Personally came before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_ the above named

to me known to be the person \_\_\_\_\_ who executed the  
foregoing instrument and acknowledge the same.

Notary Public \_\_\_\_\_ County, Wis.  
My commission is permanent. (If not, state expiration date:  
\_\_\_\_\_, 19\_\_\_\_.)

\*Names of persons signing in any capacity should be typed or printed below their signatures.