

June 30, 2016

Honorable Mayor Tim Kabat
Common Council Members

Ladies and Gentleman:

I am hereby requesting a conditional use permit for the demolition of a structure located on property located at 608 Dakota St. This land was previously within the Town of Campbell and has since been annexed to the City of La Crosse. The Airport purchased the property which had a derelict cabin located on it for the purpose of approach protection for an Airport runway. The land consists of approximately .5 acres abutting existing vacant land utilized for the same approach protection purposes.

In summary, the purpose of the conditional use permit request is to remove the derelict structure, restore the site, and maintain the land as a protection buffer for a runway.

Respectfully Submitted,



Clinton R. Torp
Airport Director



CONDITIONAL USE PERMIT APPLICATION

Applicant (name and address):

LA CROSSE REGIONAL AIRPORT
2850 AIRPORT ROAD
LA CROSSE, WI 54603

Owner of site (name and address):

CITY OF LA CROSSE
400 LA CROSSE ST.
LA CROSSE, WI 54601

Architect (name and address), if applicable:

Professional Engineer (name and address), if applicable:

Contractor (name and address), if applicable:

Address of subject premises:

608 Dakota Street, La Crosse, WI 54603

Tax Parcel No.: 4-01450-000

Legal Description:

See attached

Zoning District Classification: Residential A - County Zoning

Conditional Use Permit Required per La Crosse Municipal Code sec. 115-356
(If the use is defined in 115-347(6)(c)(1) or (2), see "" below.)

Is the property/structure listed on the local register of historic places? Yes _____ No X

Description of subject site and **current** use (include such items as number of rooms, housing units, bathrooms, square footage of buildings and detailed use, if applicable). If available, please attach blueprint of building(s):

400 sq ft brick and stucco building in poor condition, used as a vacation home

Description of **proposed** site and operation or use (include number of rooms, housing units, bathrooms, square footage of buildings and detailed use). If available, please attach blueprint of building(s):

Removal of all structures to return to green space

Type of Structure (**proposed**): N/A

Number of **current** employees, if applicable: N/A

Number of **proposed** employees, if applicable: N/A

Number of **current** off-street parking spaces: N/A

Number of **proposed** off-street parking spaces: N/A

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

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

* If the proposed use is defined in 115-347(6)(c)(1) or (2)

_____ (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.

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

If the above paragraph is applicable, the Conditional Use Permit shall be recorded with the County Register of Deeds at the owner's expense.

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

I hereby certify under oath the **current** value of the structure(s) to be demolished or moved is \$ 16,000.00.

I hereby certify under oath the value of the **proposed** replacement structure(s) is \$ 0.

If the above paragraph is applicable, this permit shall be recorded and should the applicant not complete the replacement structure or structures of equal or greater value within two (2) years of the issuance of any demolition and moving permit, then the applicant or the property shall be subject to a forfeiture of up to \$5,000 per day for each day the structure(s) is not completed.

CERTIFICATION: I hereby certify that I am the owner or authorized agent of the owner (include affidavit signed by owner) 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.

Trinity Kalat 06/28/2016
(signature) (date)

(608)789-7500
(telephone)

Kabatt@cityoflacrosse.org
(email)

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

Personally appeared before me this 28th day of June, 2016, 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: 6/23/17

PETITIONER SHALL, BEFORE FILING, HAVE APPLICATION REVIEWED AND INFORMATION VERIFIED BY THE DIRECTOR OF PLANNING & DEVELOPMENT.

Review was made on the 4th day of July, 2016.

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

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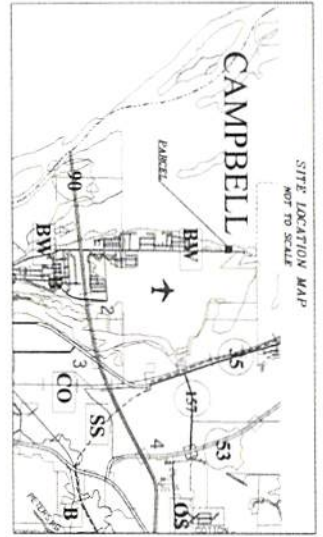
[Handwritten signature or name, possibly "T. J. ..."]

[Handwritten text, possibly "Karl ..."]

[Handwritten notes or signatures at the bottom of the page, including "Karl ..."]

PLAT OF SURVEY

BEING A PART OF NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 1, T16N, R8W, TOWN OF CAMPBELL, LA CROSSE COUNTY, WISCONSIN.

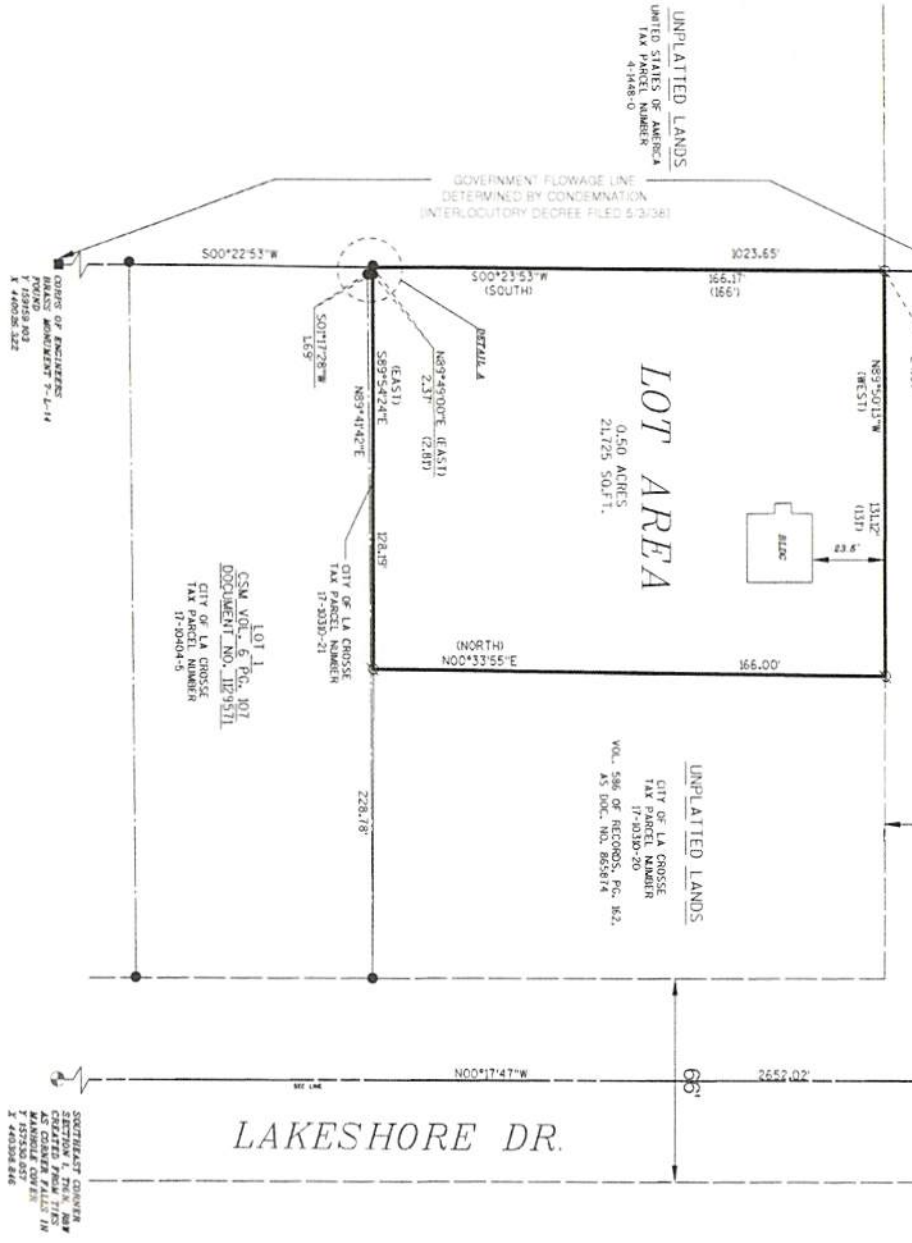
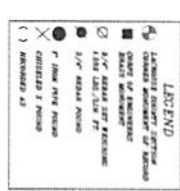
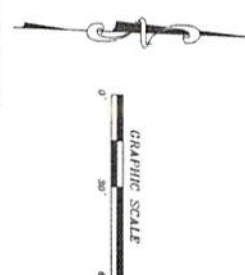


DAKOTA ST.

CORNER OF ENGINEERS
PLANNING
PAVING
AND
CONCRETE
T-1-L-15
X 44033138

E 1/4 CORNER
SECTION 1, T16N, R8W
AS CORNER FALLS IN
AMERICAN OVER
X 44033138

NE CORNER OF THE
SECTION 1, T16N, R8W
AS CORNER FALLS IN
AMERICAN OVER
X 44033138



SURVEYOR'S CERTIFICATE
I, PAUL D. HONOWIG, STATE OF WISCONSIN PROFESSIONAL LAND SURVEYOR NO. 52784 DO HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THE PARCEL OF LAND DESCRIBED IN THE FOREGOING AND THAT THE BEARINGS AND DISTANCES ARE TRUE AND ACCURATE REPRESENTATIONS THEREOF TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Paul D. Honowig
PAUL D. HONOWIG, P.L.S. No. 52784

BOUNDARY END COORDINATES:
 RUNWAY 01 - N89°49'00"E - 128.19'
 RUNWAY 02 - S89°54'24"E - 128.19'
 RUNWAY 03 - N89°49'00"E - 128.19'
 RUNWAY 04 - S89°54'24"E - 128.19'
 RUNWAY 05 - N89°49'00"E - 128.19'
 RUNWAY 06 - S89°54'24"E - 128.19'

DETAIL A
NOT TO SCALE



DATE	09/25/2015
PROJECT NUMBER	RETR0145
FILE NUMBER	
ORIENTED BY	JLS
CAD FILE NAME	
FILE NAME	
SHEET	1 OF 1

DATE	09
DATE	25
DATE	2015

PROJECT **PARCEL 8A**
BUREAU OF AERONAUTICS
 4802 SHEBOYGAN AVE., ROOM 701
 MADISON, WI 53707-7914

OMNI ASSOCIATES
 OMNI ASSOCIATES
 ONE SYSTEMS DRIVE
 APPLETON, WI 54914
 PHONE (920) 735-6900
 FAX (920) 830-6100