CITY OF LA CROSSE, WI General Billing - 126297 - 2015 001866-0100 Amber W. 06/05/2015 01:49FM

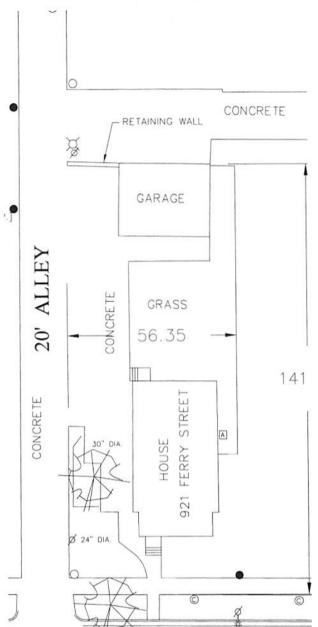
CONDITIONAL USE PERMIT APPLICATION 113500 - MAYO CLINIC HEALTH SYSTEMS

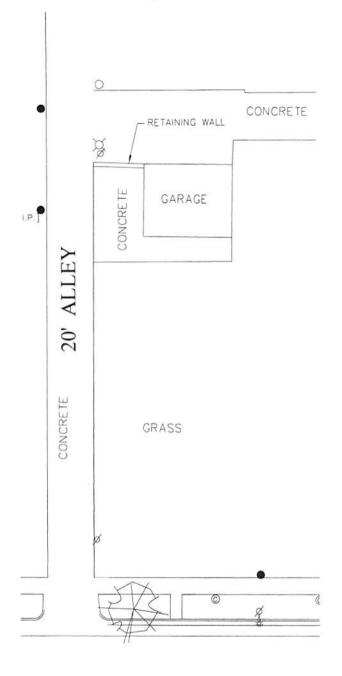
pplicant (name and address): layo Clinic Health System - Franciscan Healthcare	Payment Amount:	85
00 West Avenue South		
a Crosse, WI 54601		
Owner of site (name and address): same as above		
Architect (name and address), if applicable:		
Professional Engineer (name and address), if applicat	ble:	
Contractor (name and address), if applicable: Fowler & Hammer 113 Monitor Street		
a Crosse, WI 54603		
Address of subject premises: 921 Ferry Street		
Fax Parcel No.: 17-30053-40		<u> </u>
egal Description: Clinton & Rublees Addition, Lot 12	2, Block 7, Lot Sz: 54 9/12X140	
•	e Duelling	
Conditional Use Permit Required per La Crosse Muni	icipal Code sec. 115 35(" below.)	<u> </u>
s the property/structure listed on the local register of	historic places? Yes	No
Description of subject site and current use (include pathrooms, square footage of buildings and detailed blueprint of building(s): Vacated house for 7 years with basement, 5 rooms on	led use, if applicable). If av	ailable, please attach
garage being used by MCHS-FH as a shop and water s		
Description of proposed site and operation or use (isquare footage of buildings and detailed use). If avail Leave existing garage for current use and green space	ilable, please attach blueprint o	
Type of Structure (proposed): NA		
Number of current employees, if applicable: NA		
Number of proposed employees, if applicable: NA		
tampor or proposed employees, it approacts.		

Number of current off-street parking spaces: 0						
Number of proposed off-street parking spaces: 0						
Check here if proposed operation or use will be a parking lot:						
Check here if proposed operation or use will be green space:						
* 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 § 0.00						
I hereby certify under oath the value of the proposed replacement structure(s) is \$ 0.00						
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. 8-5-2015						
(signature) (date)						
608-392-7570 neitzel.alvin@mayo.edu						
(telephone) (email)						
STATE OF MISCORIED						
COUNTY OF LA CROSSE)						
Personally appears to before me this day of, 20_/5 the above named individual, to me known be the sersor who executed the foregoing instrument and acknowledged the same.						
Notary Public My Commission Expires: 10/30/2016						
PETITIONER SHALL, <u>BEFORE FILING</u> , HAVE APPLICATION REVIEWED AND INFORMATION VERIFIED BY THE DIRECTOR OF PLANNING & DEVELOPMENT.						
Review was made in the 5th day of June, 20 15.						
Signed:						

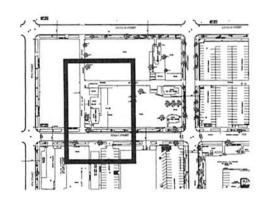
Exsiting

Proposed





Project Location





921 Ferry Street Demo Project #15-0020

La Crosse Campus NIC Site Plan MAYO CLINIC HEALTH SYSTEM

05-2015 ADN

921 FERRY ST LA CROSSE

Parcel:

17-30053-40

Internal ID:

31252

Municipality:

City of La Crosse

Record Status:

Current

On Current Tax Roll:

Yes

Total Acreage: Township:

0.176

Range:

15 07

Section:

05

Qtr:

SE-NW

Abbreviated Legal Description:

CLINTON & RUBLEES ADDITION LOT 12 BLOCK 7 LOT SZ: 54 9/12 X 140

Property Addresses:

Street Address

City(Postal)

921 FERRY ST

LA CROSSE

Owners/Associations:

Name

Relation Mailing Address City

State Zip Code

FRANCISCAN SKEMP MEDICAL

700 WESTAVE LA

- -

CENTER INC

Q

CROSSE

WI 54601

Districts:

Code

Description

Taxation District

2849

LA CROSSE SCHOOL

Y

3

Book 3

N

Additional Information:

Code

Description

Taxation District

2012+ VOTING SUPERVISOR

2012+ Supervisor District 8

2012 + VOTING WARDS

2012+ Ward 15

POSTAL DISTRICT

LACROSSE POSTAL DISTRICT 54601

Lottery Tax Information:

Lottery Credits Claimed:

0

Lottery Credit Application Date:

Tax Information:

Billing Information:

Bill Number: 0

Billed To:

FRANCISCAN SKEMP MEDICAL

CENTER INC

700 WEST AVE S

LA CROSSE WI 54601

Total Tax:

0.00

Payments

Sch.

0.00

7-31-2015

0.00

Tax Details:

	Land Val.	Improv Val.	Total Val.	Assessment Ratio	0.956124557
Assessed:	0	0	0	Mill Rate	0.000000000
Fair Market:	0	0	0	School Credit:	0.00
Taxing Jurisdic	tion:	201	3 Net Tax	2014 Net Tax	% of Change
	Credits	s:			_
First Dollar Credit:			0.00		

Lottery Credit: 0.00

Additional Charges:

Special Assessment: 0.00
Special Charges: 0.00
Special Delinquent: 0.00
Managed Forest: 0.00
Private Forest: 0.00
Total Woodlands: 0.00
Grand Total: 0.00

Payments & Transactions

Desc. Rec. Date Rec. # Chk # Total Paid Post Date C

Totals: \$0

Assessment Information:

Class Description

Year Acreage Land Improvements Total Last Modified

Year Acreage Land Improvements Total Last Modified

X4 Other (Churches, Schools, Roads, etc) 2014 0.000 0 0 3/25/1998

Deed Information:

The following documents are those that impact the transfer of ownership or the legal description of the parcel. There may be other documents on file with the Register of Deeds Office.

Volume Number Page Number Document Number Recorded Date Type

805 118 1001108 10/13/1987 Warranty Deed

1604 520 1309982 5/1/2002 Quit Claim Deed

Outstanding Taxes

There are no outstanding taxes for this property.

Permits Information:

Municipality: City of La Crosse Property Address: 921 FERRY ST

Click on the permit number for additional details regarding the permit.

Description Per. # Applicant Name Status Status Date Activity

History Information:

Parent Parcel(s)

There are no parent parcels for this property.

Child Parcel(s)

There are no child parcels for this property.