



CITY OF LA CROSSE, WISCONSIN

Rev. 1/2020

CERTIFIED SURVEY MAP SUBMITTAL & REVIEW CHECK LIST

\_\_\_\_\_ CSM located in Extra-Territorial Jurisdiction (Council Approval Required)

X 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: \_\_\_\_\_ (date) La Crosse County Approved: N/A

To be completed by property owner/surveyor with submittal (\*incomplete checklist may cause a delay in the review):

Current Tax Parcel Number(s): 17-50363-30 and 17-50363-20

Map ID / Location: 5235 and 5215 Creekside Place

Surveyor: Jacob Stephenson, Paragon Phone No. 608-781-3110

Property Owner: City of LaCrosse Phone No. 608-789-8321

\*\*circle who should be called when CSM is ready for pick up.

I am the property owner of record, and I approve of this CSM: Andrea Schmid  
(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): Turn two city-owned lots into three residential lots.

Have you worked with any other Department/staff person with regard to this CSM? If so, who?  
Engineering / Scott Dunnigan on lot configuration.

Have you received any other decision with regard to this CSM from any City board, commission or committee?  
If so, which one and when? \_\_\_\_\_

To be completed by City Clerk at time of filing:

X Original Document for Signature. (Clerk will make a photocopy which is distributed for review.)

NA 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

5/27/2020 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.)

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

**FIRE PREVENTION AND BUILDING SAFETY APPROVAL**

This Certified Survey Map is hereby approved by the Chief Inspector.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Chief Inspector

Comments: \_\_\_\_\_  
\_\_\_\_\_

**CITY UTILITIES (WATER – STORM – SEWER)**

This Certified Survey Map is hereby approved by the City Utilities Office.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Water  Storm  Sewer

\_\_\_\_\_  
Utilities Office

Comments: \_\_\_\_\_  
\_\_\_\_\_

**ASSESSOR APPROVAL**

This Certified Survey Map is hereby approved by the Assessor.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Lead Appraisal Specialist

Comments: \_\_\_\_\_  
\_\_\_\_\_

**ENGINEERING DEPARTMENT APPROVAL**

This Certified Survey Map is hereby approved by the City Surveyor.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
City Clerk