



OFFICE OF
CITY ENGINEER

CITY HALL
400 LA CROSSE ST
LA CROSSE WI 54601-3396
(608) 789-7505

CERTIFIED SURVEY MAP SUBMITTAL CHECK LIST

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

- 1. _____ CSM located in the City (If YES, then go to Items 4, 5, 6 & 7)
- 2. X CSM located in Extra-Territorial Jurisdiction (IF YES, then go to Item 3)

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: 8/26/18 La Crosse County Approved: N/A
Date Date

3. 5-10-18 **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

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

4. 3-28-18 **ASSESSOR APPROVAL**

This Certified Survey Map is hereby approved by the Assessor.

Dated this _____ day of _____, 20__.

N/A

Lead Appraisal Specialist

Comments: _____

5. 4-10-18 **CITY UTILITIES (WATER - STORM - SEWER)**

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

Dated this 10th day of April, 2018

Mark Ereck

Utilities Office

Water Storm Sewer

Comments: N/A

6. 4/2/18

FIRE PREVENTION AND BUILDING SAFETY APPROVAL

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

Dated this _____ day of _____, 20__.

N/A

Chief Inspector

Comments: _____

7. 4/6/18

ENGINEERING DEPARTMENT APPROVAL

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

Dated this 6th day of April, 2018.

Scott Dunnum

City Surveyor

Comments: _____

To be completed by City Clerk at time of filing:

11. X 3-28-17 Original Document for Signature (Clerk to make photocopy which is distributed for review. Upon approval, the original will be signed and available for pick up at the Clerk's Office.)

12. X 3-28-17 Reviewing Fees: \$100.00 Inv 155457

Map ID / Location: Leske Rd

Surveyor: Chris Fechner

Contact Name/Phone #: Mike Kendhammer 608-787-0797

Original CSM Issued: _____

Notes: _____

Certified Survey Map Review

Date	Routed To
<u>3-28-18</u>	Pat Burns – Assessor
<u>4-9-18</u>	Utilities Office
<u>3-29-18</u>	
<u>4/2/18</u>	David Reinhart – FPBS
<u>4/2/18</u>	Scott Dunnum – Engineering
<u>4/9/18</u>	Nikki Elsen – City Clerk