



CERTIFIED SURVEY MAP SUBMITTAL & REVIEW CHECK LIST

- X CSMs for lot splits into 3 parcels or more – CPC, J&A, Council Review & Approval
*Platting requirements must be waived. Chapter 113.
- CSMs for lot splits (2 parcels) or alterations Department Review Only. Sec. 101-3

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: 8/1/2024 (date) La Crosse County Approved: 7/31/2024 (date)

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

Current Tax Parcel Number(s): 4-706-0

Map ID / Location: G.L. 9, 19-16-7 Town of Campbell

Surveyor: Christy Running Phone No. 385-8432

Email: RunningSurveying@gmail.com

Property Owner: Andrew Kapauke / Kilo Properties Phone No. 317-9939

Email: _____

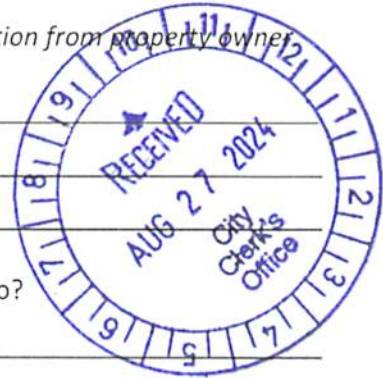
**Circle who should be called when CSM is ready for pick up – Surveyor or Property Owner.

I am the property owner of record, and I approve of this CSM: Andrew Kapauke
(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): _____

split property



Have you worked with any other Department/staff person with regard to this CSM? If so, who?

No

Have you received any other decision with regard to this CSM from any City board, commission or committee?

If so, which one and when? No

To be completed by City Clerk at time of filing:

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

_____ Review Fee (cash, check payable to City of La Crosse or credit card with convenience fee)
\$300.00 – First Application
\$150.00 – Reapplication of the same CSM

_____ 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.)