



CITY OF LA CROSSE, WISCONSIN CERTIFIED SURVEY MAP SUBMITTAL & REVIEW CHECK LIST

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

Current Tax Parcel Number(s): 17-10251-201

Map ID / Location: 2401 HANSEN ST.

Surveyor: Chris Fechner Phone No. 784 1614

Property Owner: FRONT STREET PROPERTIES LLC Phone No. 608 780-0200
 c/o STEVE JOHNSON

Purpose of CSM and intended outcome (or attach a letter explaining): Gaye Johnson 526-3781
 DIVIDE WAREHOUSE FROM URGENT LAND

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

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

To be completed by City Clerk at time of filing:

 1-15-2020 Original Document for Signature (Clerk to make a photocopy which is distributed for review. Upon approval, the original will be signed and available for pick up at the City Clerk's Office.)

Review Fee: ~~\$100.00~~ ^{\$200.00} (cash or check payable to City Treasurer)

Original CSM Issued: 2-6-2020

emailed to County: Routed 1-16-2020

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 17th day of January, 2020.

[Signature]
Chief Inspector

Comments: _____

CITY UTILITIES (WATER – STORM – SEWER)

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

Dated this 17th day of January, 2020.

Water Storm Sewer
[Signature]
Utilities Office

Comments: _____

ASSESSOR APPROVAL

This Certified Survey Map is hereby approved by the Assessor.

Dated this 16 day of Jan, 2020.

[Signature]
Lead Appraisal Specialist

Comments: _____

ENGINEERING DEPARTMENT APPROVAL

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

Dated this 6th day of February, 2020

[Signature]
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__.

[Signature]
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