



COMMERCIAL DEVELOPMENT DESIGN STANDARDS APPLICATION

Planning Department • Phone 608.789.7512 • Fax 608 789.7318

<http://www.cityoflacrosse.org>

Planning@cityoflacrosse.org

Permit No.:

Date:

Parcel No.:

STATUS:

OWNER

Name: Jason Larsen

Address: 916 Ferry St

City: La Crosse, WI

Phone: 608.519.4633

Cell:

Fax:

E-mail: jasonlarsen@stclarehealthmission.org

ARCHITECT
CONTRACTOR

Name: Adam Voth, AIA

Address: 201 Main St Suite #1020

City: La Crosse

Phone: (608) 789-2034

Cell:

Fax:

E-mail: Adam.Voth@ISGInc.com

PROJECT

Check One: ☐ Building ☒ Addition ☒ Alteration/Remodel

Description of Work:

Renovation and addition of a former chiropractor clinic 406 Jackson Street in order to accommodate the new use of primary care facilities for St Clare Health Mission. The proposed project involves interior renovation a building addition to retrofit the space for primary care services. Space programming will include: New exam rooms, offices, and clinical support areas; A pharmacy for basic over-the-counter medications; A laboratory for essential basic diagnostic tests such as urinalysis.

Pre-application Meeting Date: 5/01/2025

Applying for Exception: ☒ No ☐ Yes (Include \$300 Check for Public Notification)

PROPERTY

Project Address: 406 Jackson Street

Zoning District: TND

Parcel Number: 17-30091-70

Address: 406 Jackson Street

Address same as property owner's address: ☐

City: La Crosse

State: WI

Zip Code: 54601

OFFICIAL
USE ONLY

Date Received:

Review Date:

Exception Check:

☐ Yes

☐ No

Required Information:

☐ Site Plan

☐ Architecture Plan

☐ Landscape Plan

☐ Building Elevations & Materials

☐ Exterior Light Diagram

☐ LEED Checklist

☐ Photos

The applicant agrees that all design aspects and maintenance plans are in accordance with the requirements of Section 15.47 of the Code of Ordinances for the City of La Crosse. Application, the checklist, and seven (7) sets of required information must be submitted to the City Inspection Department prior to review and acceptance.

Adam Voth, AIA

(PRINT) Architect/Engineer Name

Signature (Architect/Engineer)

Date

Jason Larsen

(Print) Owner Name

Signature (Owner)

6/12/2025

Date

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