CONDITIONAL USE PERMIT APPLICATION AYO CLINIC HEALTH SYSTEMS

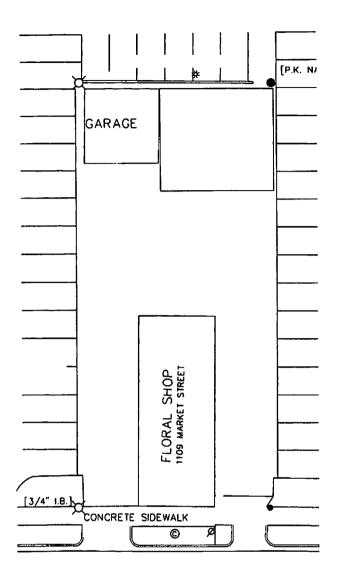
Applicant (name and address): Mayo Clinic Health System - Franciscan Healthcare	Payment Amount:	850 . 00
700 West Avenue South		
La Crosse, WI 54601		
Owner of site (name and address): Same as above		
Architect (name and address), if applicable:		
Professional Engineer (name and address), if applica	ible:	
Contractor (name and address), if applicable: Fowler & Hammer 313 Monitor Street		
La Crosse, WI 54603	***************************************	
Address of subject premises: 1109 Market Street		
Tax Parcel No.: <u>14-30056-40</u>		
Legal Description: Esperson & Burns Addition, Lot 4	, Block 1, Lot Sz 60X139	
Zoning District Classification: R5 - Multiple	- On tall 200	
Conditional Use Permit Required per La Crosse Mun (If the use is defined in 115-347(6)(c)(1) or (2), see "	icipal Code sec. 11535.	3
Is the property/structure listed on the local register of	historic places? Yes	No <u></u>
Description of subject site and current use (include bathrooms, square footage of buildings and detail blueprint of building(s): Vacated floral shop with basement, 3 rooms on 1st flourrently used for recycling area.	led use, if applicable). If a	vailable, please attach
Description of proposed site and operation or use (square footage of buildings and detailed use). If ava Leave existing garage for current use and create a 10	ilable, please attach blueprint	of building(s):
Type of Structure (proposed): Parking Lot		
Number of current employees, if applicable: NA		
Number of proposed employees, if applicable: NA		

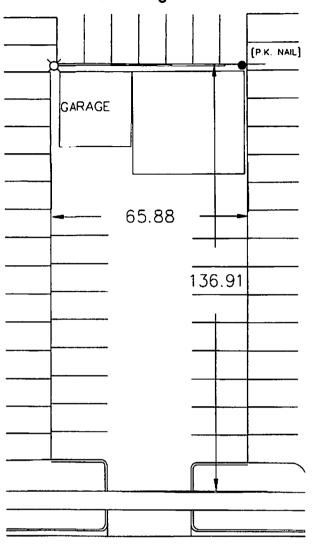
Number of current off-street parking spaces: 0	
Number of proposed off-street parking spaces: 16	
Check here if proposed operation or use will be a parking lot:	x
Check here if proposed operation or use will be green space:	
* If the proposed use is defined in 115-347(6)(c)(1) or (2)	
(1) and is proposed to have 3 or more employees at one required and off-street parking shall be provided.	time, a 500-foot notification is
(2) a 500-foot notification is required and off-street parking	g is required.
If the above paragraph is applicable, the Conditional Use Permit sh Register of Deeds at the owner's expense.	nall be recorded with the County
In accordance with Sec. 115-356 of the La Crosse Municipal Code, required for demolition permits if this application includes plans for a regreater value. Any such replacement structure(s) shall be completesuance of any demolition or moving permit.	placement structure(s) of equal or
I hereby certify under oath the current value of the structure \$ 126,000.00	(s) to be demolished or moved is
I hereby certify under oath the value of the propos	ed replacement structure(s) is
If the above paragraph is applicable, this permit shall be recorded and the replacement structure or structures of equal or greater value within any demolition and moving permit, then the applicant or the property st	two (2) years of the issuance of
to \$5,000 per day for each day the structure(s) is not completed.	20 200,000 0 0 00000 0 0 0 0 0 0 0 0 0
to \$5,000 per day for each day the structure(s) is not completed. CERTIFICATION: I hereby certify that I am the owner or authorized as signed by owner) and that I have read and understand the content of the statements and attachments submitted hereto are true and correct the belief.	gent of the owner (include affidavit his application and that the above o the best of my knowledge and
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Exsiting

Proposed

16 Parking Stall Increase

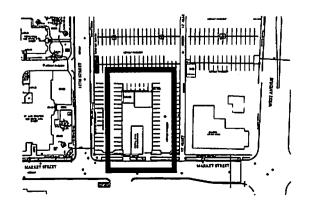








Project Location





My Florist Demo Project #15-0019

La Crosse Campus Site Plan MAYO CLINIC HEALTH SYSTEM

05-2015 ADN

1109 MARKET ST LA CROSSE

Parcel: 17-30056-40

Internal ID: 31291

Municipality: City of La Crosse

Record Status: Current
On Current Tax Roll: Yes
Total Acreage: 0.203
Township: 15
Range: 07
Section: 05

Qtr: NE-SW

Abbreviated Legal Description:

ESPERSON & BURNS ADDITION LOT 4 BLOCK 1 LOT SZ: 60 X 139

Property Addresses:

Street Address City(Postal)
1109 MARKET ST LA CROSSE

Owners/Associations:

Name Relation Mailing Address City State Zip Code
MAYO CLINIC HEALTH SYSTEM- 700 WEST LA

FRANCISCAN SKEMP AVE S CROSSE WI 54601

Districts:

Code Description Taxation District

2849 LA CROSSE SCHOOL Y
3 Book 3 N

Additional Information:

Code Description Taxation District

2012+ VOTING SUPERVISOR 2012+ Supervisor District 8

2012 + VOTING WARDS 2012+ Ward 15

POSTAL DISTRICT LACROSSE POSTAL DISTRICT 54601

Use RETAIL

Lottery Tax Information:

Lottery Credits Claimed:

0

Lottery Credit Application Date:

Tax Information:

Billing Information:

Bill

6752

Number:

Billed To:

MAYO CLINIC HEALTH SYSTEM-

FRANCISCAN SKEMP

700 WEST AVE S

LA CROSSE WI 54601

Total Tax:

3418.23

Payments

Sch.

1-31-2015

854.58

3-31-2015

854.55

5-31-2015

854.55

7-31-2015

854.55

Tax Details:

	Land Val.	Improv Val.	Total Val.	Assessment Ratio	0.956124557
Assessed:	41700	78800	120500	Mill Rate	0.029036821
Fair Market:	43600	82400	126000	School Credit:	221.62
Taxing Jurisdic	tion:	2013	Net Tax	2014 Net Tax	% of Change
STATE OF WI	SCONSIN	\$ 20	.6600	\$ 21.3400	3.3000

Credits:

First Dollar Credit:

80.72

Lottery Credit:

0.00

Additional Charges:

Special Assessment: 0.00 Special Charges: 0.00

Special Delinquent: 0.00

Managed Forest: 0.00

Private Forest: 0.00

Total Woodlands: 0.00

Grand Total: 3418.23

Taxing Jurisdiction:	2013 Net Tax	2014 Net Tax	% of Change
La Crosse County	\$ 455.4900	\$ 462.8600	1.6000
Local Municipality	\$ 1474.7500	\$ 1474.7500	0.0000
LA CROSSE SCHOOL	\$ 1350.9900	\$ 1339.7400	-0.8000
WTC	\$ 302.2400	\$ 200.2600	-33.7000
Credits:			
First Dollar Cred	it:	80.72	
Lottery Cred	it:	0.00	
Additional Charges:			
Special Assessmer	nt:	0.00	
Special Charge	es:	0.00	
Special Delinquer	nt:	0.00	
Managed Fores	st:	0.00	
Private Fores	st:	0.00	
Total Woodland	ls:	0.00	
Grand Total:		3418.23	

Payments & Transactions

Desc.	Rec. Date	Rec. #	Chk#	Total Paid	Post Date
Payment to Local Municipality	1/21/2015	396081	0	\$ 854.58	1/2015
Payment to Local Municipality	3/31/2015	420539	0	\$ 854.55	3/2015
Payment to Local Municipality	5/26/2015	431153	0	\$ 854.55	5/2015
•			Totals:	\$ 2563.68	

Assessment Information:

Class	Description	Year	Acreage	Land	Improvements	Total	Last Modified
G2	Commercial	2014	0.203	41700	78800	120500	3/24/2009

Deed Information:

The following documents are those that impact the transfer of ownership or the legal description of the parcel. There may be other documents on file with the Register of Deeds Office.

Volume Number	Page Number	Document Number	Recorded Date	Туре
678	433	928630	7/26/1982	Quit Claim Deed
1324	258	1229659	6/10/1999	Land Contract
0	0	1474562	5/22/2007	ASSIGN OF LAND CONTRACT
0	0	1474563	5/22/2007	AMEND TO LAND CONTRACT

Volume Number	Page Number	Document Number	Recorded Date	Туре
0	0	1594849	4/16/2012	Warranty Deed
0	0	1595761	4/27/2012	ASSIGN OF LAND CONTRACT
0	0	1598658	6/13/2012	Quit Claim Deed
0	0	1630392	10/9/2013	Warranty Deed

Outstanding Taxes

Tax Yr. Bill # Total Tax Total Paid Accrued Interest Accrued Penalties Remaining Bal. 2014 6752 \$3,418.23 \$2,563.68 \$0.00 \$0.00 \$854.55

Permits Information:

Municipality:

City of La Crosse

Property Address:

1109 MARKET ST

Click on the permit number for additional details regarding the permit.

Description

Per. #

Applicant Name

Status

Status Date

Activity

History Information:

Parent Parcel(s)

There are no parent parcels for this property.

Child Parcel(s)

There are no child parcels for this property.