

**CONDITIONAL USE PERMIT APPLICATION**

Applicant (name and address):

Gundersen Health System

1900 South Avenue

La Crosse, WI 54601

Owner of site (name and address):

Gundersen Lutheran Administrative Services, Inc.

1900 South Avenue

La Crosse, WI 54601

Architect (name and address), if applicable:

NA

Professional Engineer (name and address), if applicable:

NA

Contractor (name and address), if applicable:

McHugh Excavating & Plumbing

W7010 Evergreen Way

Onalaska, WI 54650

Address of subject premises:

1420 9th Street South

Tax Parcel No.: 17-300077-60

Legal Description:

Second plat BB Healy's Addition, Lot 4, Block 1

Zoning District Classification: R-4 Low Density Multiple

Conditional Use Permit Required per La Crosse Municipal Code sec. 115- 356

(If the use is defined in 115-347(6)(c)(1) or (2), see "" below.)

Is the property/structure listed on the local register of historic places? Yes \_\_\_\_\_ No X

Description of subject site and current use (include such items as number of rooms, housing units, bathrooms, square footage of buildings and detailed use, if applicable). If available, please attach blueprint of building(s):

Current use has been a single family home. Due to uninhabitable condition when purchased, Gundersen is requesting demolition of the structure.

Description of proposed site and operation or use (include number of rooms, housing units, bathrooms, square footage of buildings and detailed use). If available, please attach blueprint of building(s):

Proposed use of the site will be green space until future development plan is filed with the City.

Type of Structure (proposed): None

Number of current employees, if applicable: 0

Number of proposed employees, if applicable: 0

Number of **current** off-street parking spaces: 0

Number of **proposed** off-street parking spaces: 0

Check here if proposed operation or use will be a parking lot: \_\_\_\_\_

Check here if proposed operation or use will be green space: X

\* 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 time, a 500-foot notification is required and off-street parking shall be provided.

\_\_\_\_\_ (2) a 500-foot notification is required and off-street parking is required.

If the above paragraph is applicable, the Conditional Use Permit shall be recorded with the County Register of Deeds at the owner's expense.

In accordance with Sec. 115-356 of the La Crosse Municipal Code, a Conditional Use Permit is not required for demolition permits if this application includes plans for a replacement structure(s) of equal or greater value. **Any such replacement structure(s) shall be completed within two (2) years of the issuance of any demolition or moving permit.**

I hereby certify under oath the **current** value of the structure(s) to be demolished or moved is \$61,800 tax assessed value.

I hereby certify under oath the value of the **proposed** replacement structure(s) is \$0.

If the above paragraph is applicable, this permit shall be recorded and should the applicant not complete the replacement structure or structures of equal or greater value within two (2) years of the issuance of any demolition and moving permit, then the applicant or the property shall be subject to a forfeiture of up 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 agent of the owner (include affidavit signed by owner) and that I have read and understand the content of this application and that the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

M. J. S.  
(signature)

11/04/2016  
(date)

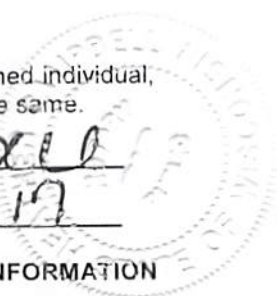
608.775.4347  
(telephone)

m.drichow@gundensenlecth.org  
(email)

STATE OF WISCONSIN        )  
  )ss.  
COUNTY OF LA CROSSE    )

Personally appeared before me this 4 day of Nov, 2016, the above named individual, to me known to be the person who executed the foregoing instrument and acknowledged the same.

Heather Campbell  
Notary Public  
My Commission Expires: 10-16-17



PETITIONER SHALL, **BEFORE FILING**, HAVE APPLICATION REVIEWED AND INFORMATION VERIFIED BY THE DIRECTOR OF PLANNING & DEVELOPMENT.

Review was made on the 4th day of November, 2016.

Signed: [Signature]  
Director of Planning & Development, Senior Planner

# 1420 9TH ST S LA CROSSE

Parcel: 17-30077-60  
Internal ID: 31497  
Municipality: City of La Crosse  
Record Status: Current  
On Current Tax Roll: Yes  
Total Acreage: 0.116  
Township: 15  
Range: 07  
Section: 08  
Qtr: NW-NW

### Abbreviated Legal Description:

SECOND PLAT B B HEALYS ADDN LOT 4 BLOCK I LOT SZ: 51.5 X 100 M/L

### Property Addresses:

Street Address	City(Postal)
1420 9TH ST S	LA CROSSE

### Owners/Associations:

Name	Relation	Mailing Address	City	State	Zip Code
GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES INC MAIL STOP LML-002 GARY MOORE	Owner Attention Attention	1900 SOUTH AVE	LA CROSSE	WI	54601

### Districts:

Code	Description	Taxation District
2849	LA CROSSE SCHOOL	Y
3	Book 3	N
0034	La Crosse TIF 14	N

### Additional Information:

Code	Description	Taxation District
2012+ VOTING SUPERVISOR	2012+ Supervisor District 9	
2012 + VOTING WARDS	2012+ Ward 16	
POSTAL DISTRICT	LACROSSE POSTAL DISTRICT 54601	
Use	I UNIT	

### Lottery Tax Information:

Lottery Credits Claimed: 0  
Lottery Credit Application Date:

## Tax Information:

### Billing Information:

Bill Number: 6910

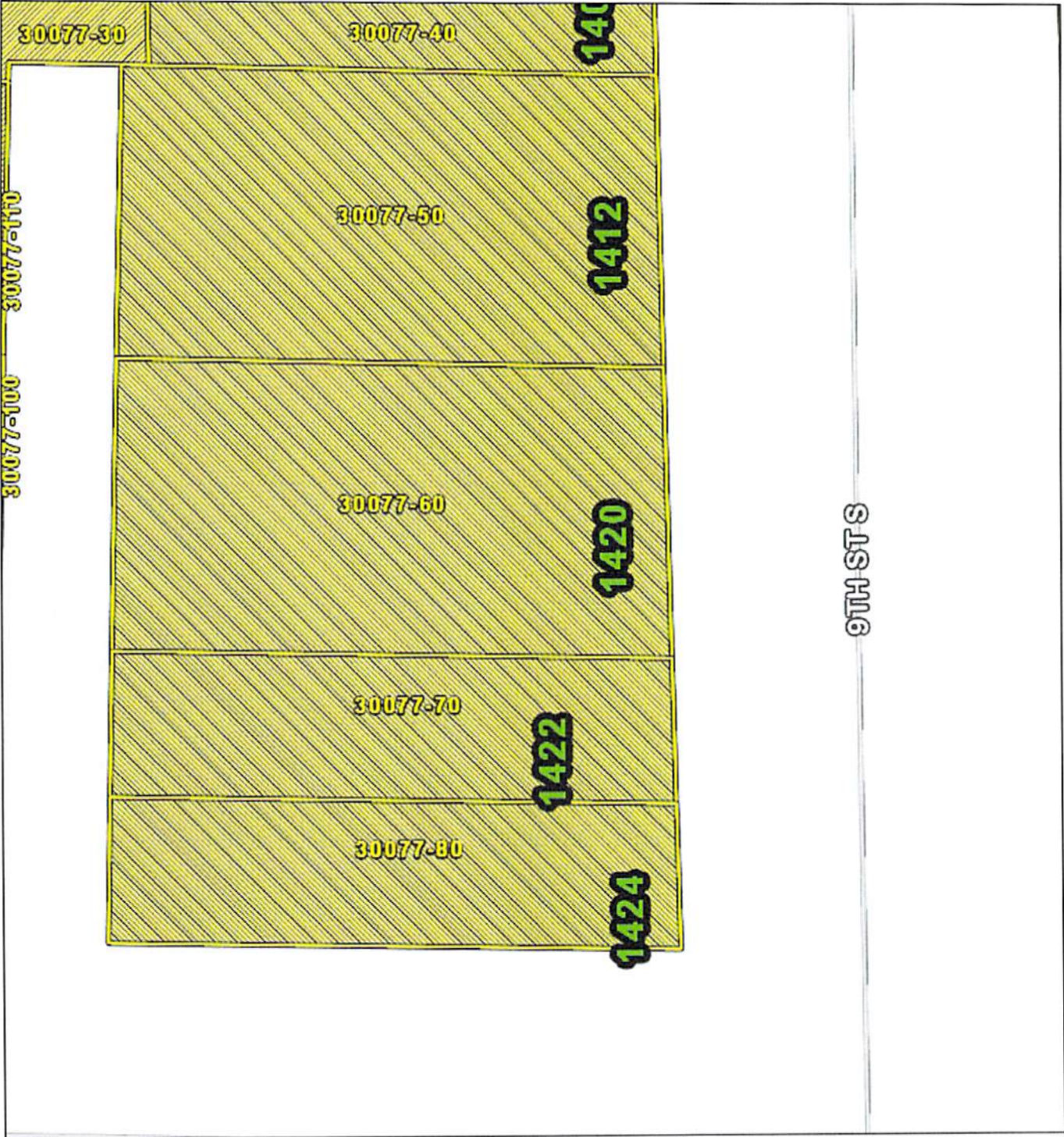
Billed To: GERALD L MILES  
271 ADAM DR N  
IDAHO FALLS ID 83403-1729

Total Tax: 2179.49

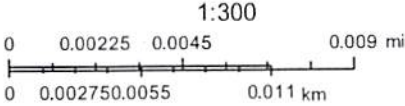
Payments Sch.	
1-31-2016	889.73
3-31-2016	429.92
5-31-2016	470.00



ArcGIS Web Map



October 28, 2016



La Grosse County, City of La Grosse

City of La Grosse

SOUTH

W

STREET

51.06

96.63

1420 9th St.

98.97

51.31

