

CONDITIONAL USE PERMIT APPLICATION

Applicant (name and address):

Tellurian Behavioral Health

5900 Monona Dr. #300 Monona, WI 53716

Owner of property (name and address), if different than Applicant:

TFI Foundation Inc.

5900 Monona Dr. #300 Monona, WI 53716

Architect (name and address), if applicable:

Colin Klos (Midwest Design & Development, LLC)

N5560 CTH ZM, SUITE 3 Onalaska, WI 54650

Professional Engineer (name and address), if applicable:

N/A

Contractor (name and address), if applicable:

Address(es) of subject parcel(s): 1720 Jackson St. Lacrosse, WI 54601

Tax Parcel Number(s): 17-40017-30

Legal Description (must be a recordable legal description; see Requirements): OWNER SINCE 7/11/23,  
SEE ATTACHED LEGAL DESCRIPTION

Zoning District Classification: R-5 MULTIFAMILY DWELLING

A Conditional Use Permit is required per La Crosse Municipal Code Sec. 115-364

if the use is defined in Sec.:

- 115-347(6)(c)(1) or (2), see "" on the next page.
- 115-353 or 356, see "" on the next page.

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

Description of subject site and CURRENT use: A PROFESSIONAL DENTIST OFFICE, 2 LEVEL, SPLIT LEVEL. OFFICE IS CURRENTLY VACANT.

Description of PROPOSED site and operation/use (detailed plan of the proposed site):

SEE POWER POINT FOR THOROUGH DESCRIPTION OF BUSINESS.

Type of Structure proposed: Community Living Arrangement Facility (CBRF)

Number of current employees, if applicable: VACANT, PREVIOUS 16 EM PLOYEES




Number of proposed employees, if applicable: 5 EMPLOYEES @ ONE TIME

Number of current off-street parking spaces: 5 SPACES

Number of proposed off-street parking spaces: 6 SPACES  
3 SPACES IN VILLAGE JACKSON PLAZA S.O.

# 1720 Jackson ST., Legal Description

## Parcel Information:

Parcel: 17-40017-30  
Internal ID: 33806  
Municipality: City of La Crosse  
Record Status: Current  
On Current Tax Roll: Yes  
Total Acreage: 0.161  
Township:  15  
Range:  07  
Section:  05

## Legal Description:

HEALY & ANDERSONS ADDN LOT 2 BLOCK 1 LOT SZ: 50 X 140

## Property Addresses:

<u>Street Address</u>	<u>City(Postal)</u>
1720 JACKSON ST	LA CROSSE

## Owners/Associations:

<u>Name</u>	<u>Relation</u>	<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
TFI FOUNDATION INC	Owner	5900 MANONA DR SITE 300	MONONA	WI	53716

**\* If the proposed use is defined in Sec. 115-347(6)(c)**

\_\_\_\_\_ (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. Will there be 3 or more employees at one time? Y N \_\_\_

or

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

Where the side or rear lot line abuts or is located across an alley from any residential zoning district, abutting residential property owners shall be notified of the privacy fence provision by the City Clerk.

Any Conditional Use Permit required pursuant Sec. 115-347(6) shall be recorded with the La Crosse County Register of Deeds at the owner's expense.

**\*\*If the proposed use is defined in Sec. 115-353 or 115-356, abutting property owners shall be notified of the privacy fence provision by the City Clerk.**

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

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

Applicant/property owner may be subject to a payment in lieu of taxes for a period of twenty (20) years or until the property tax valuation of any new structure or improvements is equal to or greater than the base year valuation of the improvement or structure being demolished.

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

If the above paragraph is applicable, the Conditional Use Permit shall be recorded with the La Crosse County Register of Deeds and should the applicant not complete the replacement structure of equal or greater value within two (2) years of the issuance of any demolition/moving permit, the applicant or property owner shall be subject to a forfeiture of up to \$5,000 per day for each day not completed.

**CERTIFICATION:** I hereby certify that I am the owner of the subject parcel(s) or authorized agent 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.

[Signature] 8/31/23  
(signature) (date)

608.204.8547 kflorek@tellurian.org  
(telephone) (email)

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

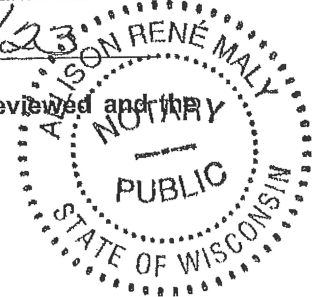
Personally appeared before me this 31<sup>st</sup> day of August, 2023 the above named individual, to me known to be the person who executed the foregoing instrument and acknowledged the same.

Allison Rene Maly  
Notary Public  
My Commission Expires: 10/7/23

**Applicant shall, before filing with the City Clerk's Office, have this application reviewed and the information verified by the Director of Planning & Development.**

Review was made on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed: \_\_\_\_\_  
Director of Planning & Development



**AFFIDAVIT OF OWNER**

STATE OF Wisconsin )  
COUNTY OF Dane (Am) ) ss

The undersigned, LACROSSE Kevin Florek, being duly  
(owner of subject parcel(s) for Conditional Use)

sworn states:

1. That the undersigned is an adult resident of the City of LACROSSE,  
State of Wisconsin.
2. That the undersigned is a/the legal owner of the property located at:  
1720 JACKSON ST. LACROSSE, WI 54601  
(address of subject parcel for Conditional Use)
3. By signing this affidavit, the undersigned property owner authorizes the application for a  
conditional use permit/district change or amendment (circle one) for said property.

[Signature]  
Property Owner

Subscribed and sworn to before me this 31<sup>st</sup> day of August, 2023

[Signature] Allison Rene' Maly

Notary Public  
My Commission expires 10/7/23



**AFFIDAVIT OF OWNER**

STATE OF Wisconsin )  
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[Signature]  
Property Owner

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[Signature] Allison Rene' Maly

Notary Public  
My Commission expires 10/7/23

