



CITY OF LA CROSSE, WISCONSIN

Rev. 07/2018

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: 9-25-18 (date) La Crosse County Approved: N/A

To be completed by property owner/surveyor with submittal (*incomplete checklist may cause a delay in the review):

Current Tax Parcel Number(s): PART OF THE SW 1/4 OF THE NE 1/4 OF SECTION 12 T15N R7W

Map ID / Location: Town of Shelby La Crosse County Wisconsin

Surveyor: Richard A. Berg PLS# 1213 Phone No. 608-526-9248

Property Owner: David B. Servais Phone No. 608-780-4940

I am the property owner of record, and I approve of this CSM: David B. Servais (property owner signature)

*In lieu of owner's signature on this submittal checklist, you may provide written communication from property owner.

Purpose of CSM and intended outcome (or attach a letter explaining): create a new single family residence.

Have you worked with any other Department/staff person with regard to this CSM? If so, who? No

Have you received any other decision with regard to this CSM from any City board, commission or committee? If so, which one and when? No

To be completed by City Clerk at time of filing:

- 9-28-18 Original Document for Signature. (Clerk to make a photocopy which is distributed for review.)
- 9-28-18 Review Fee: \$100.00. (Cash or check payable to City Treasurer.)
- 10-1-18 Internal Review Routing & Email to County Surveyor. (Initiated by Clerk with complete filing.)
- Original CSM Issued. (Upon approval, the original will be signed and available for pick up.)

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 _____ day of _____, 20__.

Chief Inspector

Comments: _____

CITY UTILITIES (WATER – STORM – SEWER)

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

Dated this _____ day of _____, 20__.

Water Storm Sewer

Utilities Office

Comments: _____

ASSESSOR APPROVAL

This Certified Survey Map is hereby approved by the Assessor.

Dated this _____ day of _____, 20__.

Lead Appraisal Specialist

Comments: _____

ENGINEERING DEPARTMENT APPROVAL

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

Dated this _____ day of _____, 20__.

City Surveyor

Comments: _____

Payment Amount: 100.00
194446 - SERVAIS, DAVID B
005421-0019 Rebecca ... 09/28/2018 11:42AM
General Billing - 161162 - 2018
CITY OF LA CROSSE, WI

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__.

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