



CITY OF LA CROSSE, WISCONSIN CERTIFIED SURVEY MAP SUBMITTAL & REVIEW CHECK LIST

Rev. 1/2020

- 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: _____ (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): 17-20253-20

Map ID / Location: _____

Surveyor: Paragon Associates Phone No. 608-781-3110

Property Owner: City of LaCrosse Phone No. 608-789-7559

***circle who should be called when CSM is ready for pick up.*

I am the property owner of record, and I approve of this CSM: [Signature]
(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): The rezoning of this parcel will allow the City of LaCrosse Parks, Recreation, and Forestry Department greater leeway in what we can use the building for.

Have you worked with any other Department/staff person with regard to this CSM? If so, who?
 Scott Annunum - Engineering
 Dave Reinhart - Community Risk Management

Have you received any other decision with regard to this CSM from any City board, commission or committee?
If so, which one and when? _____

To be completed by City Clerk at time of filing:

- 7/9/21 Original Document for Signature. (Clerk will make a photocopy which is distributed for review.)
- N/A Review Fee (cash, check payable to City Treasurer or credit card with convenience fee)
\$200.00 – First Application
\$100.00 – Reapplication of the same CSM
- 7/9/2021 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: _____

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