

**OBJECTION TO ISSUANCE OF  
CONDITIONAL USE PERMIT**

I hereby object to the issuance of a Conditional Use Permit at the following location:

3120 Farnam Street, La Crosse -regards to CUPA 18-1255

I object for the following reason(s): \_\_\_\_\_

I live next door to the proposed VA transitional residence. I have lived in this neighborhood for sixty five years and object to this project for the following reasons:

1. Safety for our neighborhood children. Neighbors will surely witness evidence of the mental health struggles ~~within the neighborhood~~.
2. Congestion on the street due to insufficient off street parking spots. Safety and convenience for home owners would suffer.
3. Last but not least, if the VA transitional residence is allowed, property values will decrease. Hardworking people who wish for a safe and peaceful life will be penalized.

I further certify that I am the owner of the following described lands (include legal description from tax bill): \_\_\_\_\_

tax parcel's 17-40111-10 Bluffview Gardens Addition Lot 1 Block 1 Twshp 15 Range 07 Section 09 NE-NE

17-40111-20 Bluffveiw Gardens Addition Lot 2 Block 1 Twshp 15 Range 07 Section 09 NE-NE



Alberta M. Gund

Signature of Objector (in presence of Notary)

Alberta M. Gund

3102 Farnam Street

La Crosse, Wisc

Address



STATE OF WISCONSIN )

COUNTY OF LA CROSSE )

)ss.

Personally appeared before me this 28 day of Sept, 2018, the above named Alberta M Gund to me known to be the person who executed the foregoing instrument and acknowledged the same.

Myra M Hart  
Notary Public

My Commission Expires: 7-15-2019

NOTARIAL PUBLIC STATE OF MISSISSIPPI

I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original as shown to me by the person presenting the same for recording.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public for the State of Mississippi

My office is located at \_\_\_\_\_, \_\_\_\_\_, Mississippi.



Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.