Rev. 2.2025

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

X CSMs for lots splits into 3 parcels or more – CPC, J&A, Council Review & Approval
**Platting requirements must be waived. Chapter 113.*

_____ CSMs for lot splits (2 parcels) or alterations Department Review Only. *Sec. 101-3*

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: 6/09/26 (date) La Crosse County Approved: 06/01/26 (date)

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

Current Tax Parcel Number(s): 2-355-0

Map ID / Location: Fox Hollow Drive, Town of Barre

Surveyor: Frederick J. Hilby Phone No. 608-782-3433

Email: hilbyfred@gmail.com

Property Owner: Trudy Miller Phone No. 608-784-6946

Email: _____

***Circle who should be called when CSM is ready for pick up – Surveyor or Property Owner.*

I am the property owner of record, and I approve of this CSM: Trudy A. Miller
(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 residential property for home construction.~~

Have you worked with any other Department/staff person with regard to this CSM? If so, who?

N/A

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:

_____ Original Document for Signature. *(Clerk will make a photocopy which is distributed for review.)*

_____ Review Fee *(cash, check payable to City of La Crosse or credit card with convenience fee)*
$300.00 – First Application
$150.00 – Reapplication of the same CSM

_____ 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.

BUILDING AND INSPECTIONS 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) APPROVAL

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___.

_____ Assessor

Comments: _____

ENGINEERING DEPARTMENT APPROVAL

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

Dated this _____ day of _____, 20__.

_____ Engineering/Surveyor

Comments: _____

PLANNING DEPARTMENT APPROVAL

This Certified Survey Map is hereby approved by the Planning Department.

Dated this _____ day of _____, 20__.

_____ Planner

Comments: _____

COMMON COUNCIL APPROVAL, if required

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