

CONDITIONAL USE PERMIT APPLICATION

Applicant (name and address):

Payment Amount:

250.00

Charmont Hotel LLC
101 State Street
La Crosse, WI 54601

Owner of site (name and address):

Donald J. Weber
145 South 17th Street
La Crosse, WI 54601

Architect (name and address), if applicable:

The Kubala Washatko Architects - Vince Micha
W61 N617 Mequon Ave.
Cedarburg, WI 53012

Professional Engineer (name and address), if applicable:

Davy Engineering - Mark S. Davy
115 6th Street South
La Crosse, WI 54601

Contractor (name and address), if applicable:

CD Smith Construction Services
889 East Johnson Street
Fond du Lac, WI 54935

Address of subject premises: 101 State Street
La Crosse, WI 54601

Tax Parcel No.: 17-20008-20

Legal Description: All of lot 5, Part of lot 4, Block 9.
See bottom left corner of attached land survey for a more
detailed description. Town of La Crosse SLY 1.2 ft of W 143 Ft ; S. 7.25 ft of E
7 ft Lot 4 ; All of Lot 5, Block 9 T/W ESMT In Doc No. 1612272, LOTS 2: IRA

Zoning District Classification: C3

Conditional Use Permit Required per La Crosse Municipal Code sec. 115- 359
(If the use is defined in 115-347(6)(c)(1) or (2), see "" below.)

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

Description of subject site and current use (include such items as number of rooms, housing units, bathrooms, square footage of buildings and detailed use, if applicable). If available, please attach blueprint of building(s):

The subject property is currently a historic brick building. The building, known as the Ross Furniture Building, is
currently vacant and under renovation

Description of proposed site and operation or use (include number of rooms, housing units, bathrooms, square footage of buildings and detailed use). If available, please attach blueprint of building(s):

The proposed hotel development will maintain the existing single structure while the interior will be renovated to include 67 guest
rooms, a full service restaurant / bar, a coffee parlor, a seasonal rooftop garden, a business center, an exercise room, meeting
rooms, and guest lobby. Total sq. ft. = 51,533. Planning and Development department has a set of plans for this renovation.

Type of Structure (proposed): Brick and Stone Hotel

Requesting permission to
apply for a

Number of current employees, if applicable: 2

Combination "Class B"

Number of proposed employees, if applicable: Estimated at 75

Beer ! Liquor license.

Number of current off-street parking spaces: Estimated at 50

Number of proposed off-street parking spaces: Estimated at 50

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

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

* If the proposed use is defined in 115-347(6)(c)(1) or (2)

_____ (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.

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

If the above paragraph is applicable, the Conditional Use Permit shall be recorded with the County Register of Deeds at the owner's expense.

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

I hereby certify under oath the current value of the structure(s) to be demolished or moved is \$ _____.

I hereby certify under oath the value of the proposed replacement structure(s) is \$ _____.

If the above paragraph is applicable, this permit shall be recorded and should the applicant not complete the replacement structure or structures of equal or greater value within two (2) years of the issuance of any demolition and moving permit, then the applicant or the property shall be subject to a forfeiture of up to \$5,000 per day for each day the structure(s) is not completed.

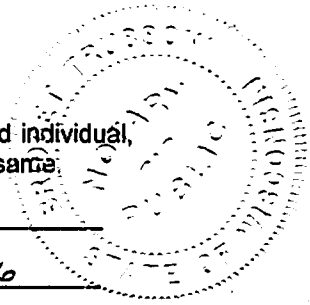
CERTIFICATION: I hereby certify that I am the owner or authorized agent of the owner (include affidavit signed by owner) and that I have read and understand the content of this application and that the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

→ Donald J. Weber 6-3-15
(signature) (date)
704-906-4816 dweber@logisticshealth.com
(telephone) (email)

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

Personally appeared before me this 3rd day of June, 2015, the above named individual, to me known to be the person who executed the foregoing instrument and acknowledged the same

Budget Junoni
Notary Public
My Commission Expires: 06/12/2016

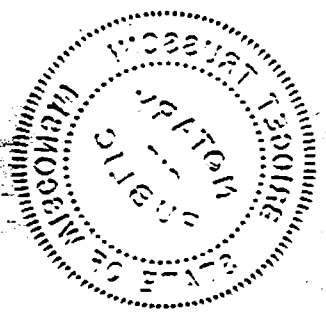


PETITIONER SHALL, BEFORE FILING, HAVE APPLICATION REVIEWED AND INFORMATION VERIFIED BY THE DIRECTOR OF PLANNING & DEVELOPMENT.

Review was made on the 3rd day of June, 2015.

Signed: _____
Director of Planning & Development

[Faint, illegible handwritten text]



[Faint, illegible handwritten text]

