



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

Rev. 3/2024

_____ CSMs for lot 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: _____ (date) La Crosse County Approved: _____ (date)

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

Current Tax Parcel Number(s): 17-30230-120, 17-50250, 17-50241-70, 17-30206-110, 17-50250-60, 17-50250-61

Map ID / Location: School District of La Crosse Hogan Administrative Site at 807 East Avenue, La Crosse, WI.

Surveyor: Jordan Brost - Point of Beginning Phone No. 715-344-9999

Email: jordanb@pobinc.com

Property Owner: Joe Ledvina, Director of Facilities - School District of La Crosse Phone No. 608-789-7600

Email: jledvina@lacrossesd.org

****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: see attached email
(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): To combine the parcels listed above into one parcel and to dedicate a strip of land to the public.

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

Yes, we have been in discussions with the city engineering and planning departments.

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:

4/22/2025 Original Document for Signature. (Clerk will make a photocopy which is distributed for review.)

4/22/2025 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

4/23/2025 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.)

Craig, Sondra

From: Joe Ledvina <jledvina@lacrossesd.org>
Sent: Wednesday, April 23, 2025 1:09 PM
To: Craig, Sondra
Cc: melissak@pobinc.com
Subject: CSM New Elementary School

*** **CAUTION:** This email originated from an external sender. **DO NOT** click links or open attachments unless you recognize the sender and know the content is safe. ***

Sondra,

Please know the School District of La Crosse approve of the submittal of the CSM for the new School Site.
Please confirm receipt of this email. Thank you and have a great day.

--

Joe Ledvina
School District of La Crosse
Director of Facilities
807 East Avenue South
La Crosse, Wisconsin 54601
Phone (608) 789-7627
Fax (608) 789-8479

To be completed by each Reviewing Department before the City Clerk will sign.

FIRE DEPARTMENT – COMMUNITY RISK MANAGEMENT

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__.

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

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