Rev. 1/2021

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

Trouble	X CSM located in Extra-Territorial Jurisdiction (Council Approval Required)
	CSM located in the City (Department Review Only)
Commission may	Review: BEFORE FILING WITH THE CITY, you must have both Town and County approvals. The Plan not consider any land division which did not have prior approval by the approving authorities for both La Crosse County.
Town Board App	roved: 10-4-32 (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 Parc	el Number(s): 11-530-0; 11-529-0
Map ID / Locatio	n: SEY4, Frac. NEY4, Section A. TISH, R7W.
Surveyor: Jame	·
**circle who sho	La Crosse Flora Co. Inc. Phone No. 414588.4615 uld be called when CSM is ready for pick up.
am the propert	y owner of record, and I approve of this CSM: <u>Wilson Hore, Proc. dent</u>
*In lieu of owner	(property owner signature) ''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): parcel Split for augmership
chance.	
Have you worked	d with any other Department/staff person with regard to this CSM? If so, who?
	
	ed any other decision with regard to this CSM from any City board, commission or committee?
To be completed	l by City Clerk at time of filing:
10/11/2022	Original Document for Signature. (Clerk will make a photocopy which is distributed for review.)
10/11/2022	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
10/11/2022	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.)