Rev. 1/2020



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

	CSM	located in Extra-Terr	itorial Jurisdic	tion (Council Approval Required)	
	X CSM I	ocated in the City (D	epartment Re	view Only)	
	onsider any land divisio			Fown and County approvals. The Plan val by the approving authorities for be	
Town Board Approved:	: (date)	La Crosse County	Approved:	_N/A	
To be completed by pr	operty owner/surveyo	r with submittal (*ir	ncomplete che	ecklist may cause a delay in the revie	:w):
Current Tax Parcel Nur	mber(s):	90, 17-10300-395,	17-10690-13	0	
Map ID / Location: 13	05 St. James Street,	1321 St. James St	treet, 1415 S	t. James Street	
Surveyor: Parago				Phone No. (608) 781-3110	
Property Owner: Housing Authority of the City of La Crosse				Phone No. (608) 782-2264	
	called when CSM is re				
I am the property own	er of record, and I app	rove of this CSM:	5tin 5	EXECUTIVE DIRE	-0501
		V)	property owners	lignature) n communication from property own	
Purpose of CSM and in	tandad autaama (ar at	tach a latter evaluini	a\.	,	
	itended outcome (or at				
associated parking a	and playgrounds, are	conforming within	the property	perties so that the structures, and lines.	
	any other Department ef Building Inspector		gard to this C	SM? If so, who?	
Have you received any If so, which one and w		gard to this CSM from	m any City boa	ard, commission or committee?	
To be completed by Ci	ty Clerk at time of filin	~.			
V	200		make a nhata	ocony which is distributed for review	F
Original Document for Signature. (Clerk will make a photocopy which is di				3000	
Inv	\$200.00 – First Application	tion	usurer or crea	ic cura with convenience jeej	

1014SO

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.)