	(LY HOUSING DESI( ng Department : Phone:	(608) 789-7512 · Fa	ax: (508) 739-7313 🖳 🗀	i
	www.cityoflacrosse.org	Plannir	ng@cityoflacrosse.org   Date:	에 가장. 이사, 관합
STATUS:			Parcel No.	•
Name: OREA	T BIVER H	omes llc		
Address: N224	4 PAMMEL CI	<u>reek page</u>		L 8
	Ross State:	WI.	Zip Code: 5466	7
Phone: ( ) -	608)780-8	531 Fax: ( ) -	Email:	ana a San Banka
Name: ARCH	TITECTURAL	DESIGN		
Address: 2509	LOSEY BLY	10 50.		
	ROSSE State:	WI.	Zip Code: <b>5460</b>	1
Phone ( ) -	408 385 44	Fax: ( ) -	Email:	
	Ing Addition Alteration			
		t		
		•		
Pre-Application Meeti	ng Date:			
Pre-Application Meetin		、 \$300 check for public	: notification)	
Applying for Exception  Project Address	n: No Yes (include	VIEW SUB	DIVISION LOT 2055E, WI.	4
Applying for Exception  Project Address 3805 5	n: No Yes (include	VIEW SUB	DIVISION LOT 2055E, WI.	340
Project Address 3805 5 Zoning District:	n: No Yes (include	VIEW SUB	DIVISION LOT 2055E, WI. Jumber: 17-50751-2 information same as property ow	340
Applying for Exception  Project Address  Zoning District:  Address:	NO Yes (include SS: WATER UNNYSIDE LA	VIEW SUB DR LA CI Parcel N Address	DIVISION LOT 2055E, WI. Jumber: 17-50751-2 information same as property ow	340
Applying for Exception  Project Address 3805	NO Yes (include SS: WATER UNNYSIDE LA	Parcel N Address	DIVISION LOT 2055E, WI. Jumber: 17-50751-2 information same as property ow de:	340
Applying for Exception  Project Address 3805 5 Zoning District: Address: City:  Date Received	NO Yes (include SS: WATER UNNYSIDE LA	VIEW SUB DR LA CI Parcel N Address	DIVISION LOT 2055E, WI. Jumber: 17-50751-2 information same as property ow	340

required information must be submitted to the City Inspection Department prior to review and acceptance.

(PRINT) Architect/Engineer Name

(PRINT) Owner Name

Signature (Architect/Engineer)

DATE

Signature (Owner)

DATE