

City Hall 400 La Crosse Street La Crosse, WI 54601

Meeting Agenda - Final-revised

Floodplain Advisory Committee

Thursday, March 2, 2023 4:00 PM City Hall Grandad Room Virtual via Zoom

Call to Order

Roll Call

Code of Ethics - Chapter 2, Article V, Division 2 https://library.municode.com/wi/la_crosse/codes/code_of_ordinances? nodeld=PTIGEOR_CH2AD_ARTVOFEMDE_DIV2COET

Approval of Minutes from December 1, 2022

Meeting Slides - https://filecloud.cityoflacrosse.org/index.php/s/bDe8mP7rp7JxZis

Agenda Items:

<u>21-1681</u>	FEMA Violations
<u>23-0176</u>	Resolution appropriating ARPA funds to pay for the remediation required on detached garages which violate the current floodplain standards per FEMA. <u>Sponsors:</u> Richmond <u>Attachments:</u> Resolution <u>Staff Report</u>
23-0139	Floodplain Ordinance Repeal/Replace Sponsor
<u>23-0140</u>	Emergency Management and Grants
<u>23-0262</u>	Floodplain Grant application and waiver- 2833 Hamilton Street.
	Attachments: Floodplain Application 2833 Hamilton.pdf
	Towne Fill invoice.pdf

FINAL AS BUILT EC.pdf

PRE-CONSTRUCTION EC.pdf

Next Meeting

Adjournment

PARTICIPATION LINK for Council Members and Department Heads and others needing to participate:

Join Zoom Meeting

https://cityoflacrosse-org.zoom.us/j/89411280950? pwd=SEUrUUFhTngreVFyM25TRHBGbE9WQT09

Meeting ID: 894 1128 0950

Passcode: 986651

One tap mobile

+16465588656,,89411280950# US (New York)

+16469313860,,89411280950# US

Notice is further given that members of other governmental bodies may be present at the above scheduled meeting to gather information about a subject over which they have decision-making responsibility.

NOTICE TO PERSONS WITH A DISABILITY

Requests from persons with a disability who need assistance to participate in this meeting should call the City Clerk's office at (608) 789-7510 or send an email to ADAcityclerk@cityoflacrosse.org, with as much advance notice as possible.

Committee Members:

Andrea Richmond (Chair)
Barb Janssen
Scott Neumeister
Mac Kiel
Bill Bosshard
Richard Schultz
Sharon Hampson



City Hall 400 La Crosse Street La Crosse, WI 54601

Text File

File Number: 21-1681

Agenda Date: 3/2/2023 Version: 1 Status: Agenda Ready

In Control: Floodplain Advisory Committee File Type: Status Update



City Hall 400 La Crosse Street La Crosse, WI 54601

Text File

File Number: 23-0176

Agenda Date: 3/2/2023 Version: 3 Status: New Business

In Control: Finance & Personnel Committee File Type: Resolution

Resolution appropriating ARPA funds to pay for the remediation required on detached garages which violate the current floodplain standards per FEMA.

RESOLUTION

WHEREAS, Federal Emergency Management Agency (FEMA) manages the National Flood Insurance Program (NFIP) that provides flood insurance to the public; and

WHEREAS, Resolution 22-0643 was approved for \$24,000 for the remediation of sixteen garages, an additional ten properties have come forward; and.

WHEREAS, Resolution 22-1352 was approved for \$30,000 for the remediation of the additional ten properties, four more owners opted for flood vents as remediation in lieu of Deed Restrictions raising the number of vents, installs, and Elevation Certificates required; and

WHEREAS, there are currently in excess of thirty properties on the north side of La Crosse who have garages that are below the base flood elevation, which violates the current floodplain standards; and

WHEREAS, in order for City residents to continue to qualify for subsidized flood insurance per the NFIP, these violations are required be mitigated either by placing flood vents in the existing garages or by elevating the finished floor; and

WHEREAS, FEMA requires verification of compliance in the form of an updated elevation certificate.

NOW, THEREFORE, BE IT RESOLVED BY THE Common Council of the City of La Crosse that it hereby appropriates an additional sum of up to \$10,000.00 from the ARPA Lost Revenue Allocation fund to pay for the purchase and installation of flood vents and updated elevation certificates.

BE IT FURTHER RESOLVED by the Common Council of the City of La Crosse that the Fire Department – Division of Community Risk Management and the City Finance Department are hereby authorized to take any and all steps necessary to effectuate this resolution.



CITY OF LA CROSSE

400 La Crosse Street La Crosse, Wisconsin 54601 (608) 789-CITY www.cityoflacrosse.org

LEGISLATION STAFF REPORT FOR COUNCIL

File ID	Caption
Staff/Department	Responsible for Legislation
Requestor of Leg	islation
Location, if appli	cable
Summary/Purpose	
Background	
Fiscal Impact	
Staff Recommen	adation



City Hall 400 La Crosse Street La Crosse, WI 54601

Text File

File Number: 23-0139

Agenda Date: 3/2/2023 Version: 1 Status: Agenda Ready

In Control: Floodplain Advisory Committee File Type: Status Update



City Hall 400 La Crosse Street La Crosse, WI 54601

Text File

File Number: 23-0140

Agenda Date: 3/2/2023 Version: 1 Status: Agenda Ready

In Control: Floodplain Advisory Committee File Type: Status Update



City Hall 400 La Crosse Street La Crosse, WI 54601

Text File

File Number: 23-0262

Agenda Date: 3/2/2023 Version: 1 Status: Agenda Ready

In Control: Floodplain Advisory Committee File Type: Request

Section A-Name, Address, Property Information

Property Identification Number/s:
Address: 2833 Hamilton St.
Owners Name: Victor Towne
Owners Telephone Number: 608-738-6726
Owners Email Address:
Buyers Name *(If property is being sold):
Buyers Address*:
Buyers Telephone Number*:
Section B-Property Floodplain Information
Base Flood Elevation on Parcel:
Lowest Finished Floor Elevation of Principal Structure (House):
Lowest Adjacent Grade Elevation (Next to Principal Structure):
Location of Furnace, Water Heater, AC, Air Exchange, Etc.
Number of Structures other than the Principal Structure/House on Parcel (Including sheds and garages with a roof supported by walls or columns)
Aerial Photograph of Parcel Attached

Section C-Engineer and Contractor Information

Engineering Consultant and Contact Information:
Engineer Business Name:
Engineer Business Telephone Number:
Engineer Representative Name:
Engineer Representative Telephone (Direct Line or Cell Phone) Number:
Engineer Representative E-mail Address:
Contractor Business Name: Lynn Buildes LLC
Contractor Business Name: Lynn Buildess LLC Contractor Business Telephone Number: (608-487-1120
Contractor Representative Name:
Contractor Representative Telephone (Direct Line or Cell Phone) Number:
Contractor Representative E-mail Address:

Attach: Contractor Estimate/Quote (Detailed by Line Item).

Section D-Improvements Information

Nature of Improven	ments (List all eligible activities) to construction of home
Estimated Cost of I	mprovements 15, 950.82
Final Cost of Impro	vements \$ 15,950.82
Date of Completion	n of Improvements
invoice	date 10/26/2022
Letter of Map Revi	sion Date of Application (Not applicable for basement only fill grants)
Letter of Map Revi	sion Date of Receipt/Confirmation: (Not applicable for basement only fill grants)
Approval from Nei	ghbors (Attach signatures and/or letters) (Not applicable for basement only fill grants)
Engineer	and Contractor Invoice, Payment Confirmation Attached
Condition	nal Letter of Map Revision and Letter of Map Revision Attached
Requested Reimbu	rrsement Amount:
LOMR In: \$25,000.	provements (No More than 90% of eligible engineering and construction costs up to
Basement	Stabilization Grant (No more than 90% of the costs up to \$25,000.00)
Noncomp	liance identified by FEMA (No more than 90% of the costs up to \$25,000.00)
	e cost of engineering services related to all floodplain relief grants are part of the \$25,000 allowed under this program.

Section E-Request for 90% Reimbursement

Owner hereby certifies that the above stated work and successful Letter of Map Revision (LOMR) has been completed or in the case of basement stabilization funding, the work has been completed in accordance with all local, state and federal requirements, received and is on file with the City and the contractor and engineer/consultant has been paid for the above stated services in their entirety (Paid Invoices are Required for city documentation).

Owner acknowledges the terms and conditions of the Floodplain Grant Program.

Owner is hereby requesting a reimbursement grant for all above stated eligible activities/costs based upon the terms of this program.

Important Note: In order to receive direct payment to contractors (only under the compliance-basement fill portion of this grant), contractors must submit invoices to owners first for their signature and then to the City for direct payment requests from the City to the contractor. Payees must also have a W-9 on file with the City.

Owner/Sellers Signa	ature	_	
	Completed by	Stall	
Date		00	

\$15,950.02

Balance Due

Lynn Builders LLC

950 Stannard Dr. Sparta, WI 54656

Date	Invoice #
10/26/2022	1240

Terms Project

Due on receipt

Quantity	Description	Rate	Amount
	FILL FOR FLOOD PLAIN LOT @ 2883 HAMILTON ST NEW HOME	15,950.82	15,950.82
E APPRECIATE	THE OPPORTUNITY TO SERVE YOU!		
E APPRECIATE	THE OPPORTUNITY TO SERVE YOU!	Total	\$15,950.8
Phone #	608-487-1120 Fax # 1-608-269-2705 sambrown@lynnbuilders.biz	Pavments/Credit	s \$0.0

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION '					FOR INSUF	RANCE COMPANY USE
A1. Building Owner's Name Victor Towne Policy Number:					ber:	
A2. Building Street Address (ir Box No. 2833 Hamilton Street	AND CONTRACTOR CONTRAC					AIC Number:
City La Crosse	City State ZIP Code					
A3. Property Description (Lot a Lots 19 & 20, Freismuth's Sub						WI; parcel 17-10235-20
A4. Building Use (e.g., Reside	ntial, Non-Residential, Ad	Idition, Acces	ssory, e	etc.) residential		
A5. Latitude/Longitude: Lat. 4	13.86282 Lo	ong. <u>-91.232</u>	51	Horizonta	Datum: NAD 1	927 × NAD 1983
A6. Attach at least 2 photogra	phs of the building if the C	ertificate is	being u	sed to obtain floor	d insurance.	
A7. Building Diagram Number	1A					
A8. For a building with a crawl	space or enclosure(s):					
a) Square footage of craw	vispace or enclosure(s)			N/A sq ft		
b) Number of permanent f	lood openings in the crawl	Ispace or en	closure	e(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net area of flood of	ppenings in A8.b	N/A	A sqin			
d) Engineered flood openi	ngs? Yes No		_			
A9. For a building with an attac	hed garage:					
a) Square footage of attac	hed garage	960.0	0 sq ft			
b) Number of permanent fl	ood openings in the attac	hed garage	within '	1.0 foot above adja	acent grade N/A	
c) Total net area of flood o	penings in A9.b	Ν	N/A sq	in		
d) Engineered flood openii						
	ECTION B - FLOOD INS	SURANCE	RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community Name & Community Number City of La Crosse, 555562				unty Name sse County		B3. State Wisconsin
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	7. FIRM Par Effective/ Revised D		B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
55063C0251D D	01-06-2012	1-06-2012	Jale	AE	643.8 feet	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: FIS Profile FIRM Community Determined Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🔀 No						
Designation Date: CBRS DPA						

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2833 Hamilton Street	Policy Number:
City State ZIP Code La Crosse Wisconsin 54603	Company NAIC Number
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY R	EQUIRED)
C1. Building elevations are based on: Construction Drawings* Building Under Construction Provided Pro	uction* Finished Construction /AE, AR/A1–A30, AR/AH, AR/AO.
	645.9 feet meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIF	ICATION
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by a certify that the information on this Certificate represents my best efforts to interpret the data available to the second many higher than the contemporary trade 1911.	law to certify elevation information. able. I understand that any false
Certifier's Name Christopher W. Fechner Title Wisconsin Professional Land Surveyor Company Name Coulee Region Land Surveyors, LLC Address 917 South 4th Street, Ste 104 City La Crosse State Wisconsin Date 02-17-2022 Telephone (608) 784-1614 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance Comments (including type of equipment and location, per C2(e), if applicable)	CHRISTOPHER W. FECHNER S-2448 LA CROSSE, WISCONSIN Ext. agent/company, and (3) building owner.

ELEVATION CERTIFICATEImportant: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE			
A1. Building Owner's Name	Policy Number:			
Victor Towne				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 1720 Taylor Street				
City State	ZIP Code			
La Crosse Wisc	onsin 54603			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number Lots 19 & 20, Freismuth's Subd'v of Blocks 20 & 25 of Oak Grove Park				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessor	ry, etc.) residential			
A5. Latitude/Longitude: Lat. <u>43.83555</u> Long. <u>-91.24282</u>	Horizontal Datum: NAD 1927 X NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is bei	ng used to obtain flood insurance.			
A7. Building Diagram Number1A				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s)	N/A sq ft			
b) Number of permanent flood openings in the crawlspace or enclo	sure(s) within 1.0 foot above adjacent grade N/A			
c) Total net area of flood openings in A8.b N/A	q in			
d) Engineered flood openings?				
A9. For a building with an attached garage:				
a) Square footage of attached garage 960.00	q ft			
b) Number of permanent flood openings in the attached garage with	nin 1.0 foot above adjacent grade N/A			
c) Total net area of flood openings in A9.b N/A	sq in			
d) Engineered flood openings? Yes No				
SECTION B - FLOOD INSURANCE RA				
	nty Name B3. State Wisconsin			
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel Effective/	Zone(s) (Zone AO, use Base Flood Depth)			
55063C0251D D 01-06-2012 Revised Dat 01-06-2012	AE 643.8 feet			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:				
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No				
Designation Date: CBRS OPA				

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1720 Taylor Street				Policy Number:		
State ZIP Code		Company NAIC Number				
La Crosse Wis	consin 54	4603				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.						
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO.						
Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: City of La Crosse Benchmarks Vertical Datum: NAVD 1988						
Indicate elevation datum used for the elevations in items a) through h) below.						
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Source:						
Datum used for building elevations must be the same as that used for the BFE.						
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)				tne mea feet	surement used. meters	
b) Top of the next higher floor			N/A		☐ meters	
c) Bottom of the lowest horizontal structural member (V Zones only)			N/A	feet	meters	
d) Attached garage (top of slab)			646.3	feet	meters	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)			646.3] feet	meters	
f) Lowest adjacent (finished) grade next to building (LAG)			645.9	feet	meters	
g) Highest adjacent (finished) grade next to building (HAG)			645.9	feet	meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support			N/A [meters	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.						
Were latitude and longitude in Section A provided by a lice			☐ Che		if attachments.	
Certifier's Name	License Number					
Christopher W. Fechner	topher W. Fechner S2448			SISCONSIN		
Title Wisconsin Professional Land Surveyor			1 2/ /	∕ CHR is t	OPHER W.	
Company Name			FECHNER Y			
Coulee Region Land Surveyors, LLC			a comment	- S- - 1 A C I	2448	
Address 917 South 4th Street, Ste 104				Wisc	SONSIN C	
City La Crosse	State Wisconsin	ZIP Code 54601		OS	OPHER W. 2448 PROSSE, CONSIN ON	
Signature ////////////////////////////////////	Date 11-23-2021	Telephone (608) 784-1614	Ext.	\$ 16 m	HHHH:	
Copy all pages of this Elevation Cartificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per C2(e), if applicable)						