

**COMMERCIAL DEVELOPMENT DESIGN STANDARDS APPLICATION**

Planning Department • Phone 608.789.7512 • Fax 608 789.7318

<http://www.cityoflacrosse.org>[Planning@cityoflacrosse.org](mailto:Planning@cityoflacrosse.org)

Permit No.:

Date:

Parcel No.:

STATUS:

**OWNER**

Name: Mayo Clinic Health System; Alvin Neitzel

Address: 700 West Avenue South

City: La Crosse, WI 54601

Phone: 608-392-7570

Cell: 608-385-5585

Fax: NA

E-mail: neitzel.alvin@mayo.edu

**ARCHITECT  
CONTRACTOR**

Name: William Steed, AIA

Address: 722 Williamson Street

City: Madison, WI 53703

Phone: 608-227-7227

Cell: 262-748-5461

Fax: NA

E-mail: bsteed@kahlerslater.com

**PROJECT**Check One: ☐ Building ☒ Addition ☐ Alteration/Remodel

Description of Work:

A 2-story (plus basement) addition to the Bed Tower building. The 45,500 SF addition sits in the southeast corner of the Bed Tower building, on the existing surface parking lot, and includes a loading dock for semi-trucks, box trucks, and waste/recycling trucks, storage and processing spaces on the ground floor and basement, and shelled space on the third floor.

Pre-application Meeting Date: 04/04/2025

Applying for Exception: ☒ No ☐ Yes (Include \$300 Check for Public Notification)**PROPERTY**

Project Address: 700 West Avenue South, La Crosse, WI 54601

Zoning District: Public and Semi-public

Parcel Number: 17-30057-60

Address:

Address same as property owner's address: ☒

City:

State:

Zip Code:

**OFFICIAL  
USE ONLY**

Date Received:

Review Date:

Exception Check:

☐ Yes☐ No

Required Information:

☐ Site Plan☐ Architecture Plan☐ Landscape Plan☐ Building Elevations & Materials☐ Exterior Light Diagram☐ LEED Checklist☐ Photos

The applicant agrees that all design aspects and maintenance plans are in accordance with the requirements of Section 15.47 of the Code of Ordinances for the City of La Crosse. Application, the checklist, and seven (7) sets of required information must be submitted to the City Inspection Department prior to review and acceptance.

William Steed, AIA

(PRINT) Architect/Engineer Name

Alvin Neitzel, Mayo Clinic Health System

(Print) Owner Name

03/28/2025

Signature (Architect/Engineer)

Date

03/26/2025

Signature (Owner)

Date

## **Back of Application**