

PETITION FOR CHANGE TO ZONING
CITY OF LA CROSSE

AMENDMENT OF ZONING DISTRICT BOUNDARIES
For a Planned Development District or
Traditional Neighborhood District

Petitioner (name and address):

Jason Larsen - Executive Director, St. Clare Health Mission 916 Ferry St, La Crosse, WI 54601

Owner of site (name and address):

Jason Larsen - Executive Director, St. Clare Health Mission 916 Ferry St, La Crosse, WI 54601

Address of subject premises:

406 Jackson St, La Crosse, WI 54601

Tax Parcel No.:

17-30091-70

Legal Description (must be a recordable legal description; see Requirements):

BURNS ADDITION LOTS 1 & 2 BLOCK 7

PDD/TND: ☐ General ☒ Specific ☐ General & Specific

Zoning District Classification: TND - Specific

Proposed Zoning Classification: TND - Specific

Is the property located in a floodway/floodplain zoning district? ☐ Yes ☒ No

Is the property/structure listed on the local register of historic places? ☐ Yes ☒ No

Is the Rezoning consistent with Future Land Use Map of the Comprehensive Plan? ☒ Yes ☐ No

Is the consistent with the policies of the Comprehensive Plan? ☒ Yes ☐ No

Property is Presently Used For:

Chiropractor Clinic

Property is Proposed to be Used For:

Primary care clinic (see attached narrative for additional details)

Proposed Rezoning is Necessary Because (Detailed Answer):

2280 square foot addition to the building (see attached narrative for additional details)

Proposed Rezoning will not be Detrimental to the Neighborhood or Public Welfare Because (Detailed Answer):

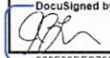
The proposed project will not be not be detrimental to the neighborhood or public welfare. Please see attached narrative for more details.

Proposed Rezoning will not be Detrimental to the City's Long Range Comprehensive Plan Goals, Objectives, Actions and Policies Because (Detailed Answer):

The proposed rezoning will not be detrimental to the City's long range comprehensive planning goals, nor any objectives, actions or policies. Please see attached narrative for additional details

The undersigned depose and state that I/we am/are the owner of the property involved in this petition and that said property was purchased by me/us on the 31.00 day of July, 2025.

I hereby certify that I am the owner or authorized agent of the owner (include affidavit signed by owner) and that I have read and understand the content of this petition and that the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

DocuSigned by:


(signature)

608 385 7801

(telephone)

6/6/2025

(date)

Jasonlarsen@stclarehealthmission.org

(email)

**Please see attached purchase agreement - property is currently under contract for purchase by St Clare Health Mission and will close on July 31st, 2025.*

At least 30 days prior to filing the petition for approval of the designation of a Planned Development District, the owner or his agent making such petition shall meet with the Planning Department, Engineering Department and Building Safety to discuss the scope and proposed nature of the contemplated development. (Pursuant sec. 115-156(3)(e)(1) of the Municipal Code of Ordinances of the City of La Crosse.)

PETITIONER SHALL, BEFORE FILING, HAVE PETITION REVIEWED AND INFORMATION VERIFIED BY THE DIRECTOR OF PLANNING & DEVELOPMENT.

Review was made on the 16th day of June, 2025.

Signed:  Deputy Director for
Director of Planning & Development