



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

Rev. 3/2024

CSMs for lot splits into 3 parcels or more – CPC, J&A, Council Review & Approval
\*Platting requirements must be waived. Chapter 113.
CSMs for lot splits (2 parcels) or alterations Department Review Only. Sec. 101-3

Extra-Territorial Review: BEFORE FILING WITH THE CITY, you must have both Town and County approvals. The Plan Commission may not consider any land division which did not have prior approval by the approving authorities for both the Town(s) and La Crosse County.

Town Board Approved: (date) La Crosse County Approved: (date)

To be completed by property owner/surveyor with submittal (\*incomplete checklist may cause a delay in the review):

Current Tax Parcel Number(s):

Map ID / Location:

Surveyor: Phone No.

Email:

Property Owner: Phone No.

Email:

\*\*Circle who should be called when CSM is ready for pick up – Surveyor or Property Owner.

I am the property owner of record, and I approve of this CSM: (property owner signature)

\*In lieu of owner's signature on this submittal checklist, you may provide written communication from property owner.

Purpose of CSM and intended outcome (or attach a letter explaining):

Have you worked with any other Department/staff person with regard to this CSM? If so, who?

Have you received any other decision with regard to this CSM from any City board, commission or committee?

If so, which one and when?

To be completed by City Clerk at time of filing:

Original Document for Signature. (Clerk will make a photocopy which is distributed for review.)

Review Fee (cash, check payable to City of La Crosse or credit card with convenience fee)
\$300.00 – First Application
\$150.00 – Reapplication of the same CSM

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.)

**To be completed by each Reviewing Department before the City Clerk will sign.**

**FIRE DEPARTMENT – COMMUNITY RISK MANAGEMENT**

This Certified Survey Map is hereby approved by the Chief Inspector.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ Chief Inspector

Comments: \_\_\_\_\_

**CITY UTILITIES (WATER – STORM – SEWER)**

This Certified Survey Map is hereby approved by the City Utilities Office.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Water  Storm  Sewer

\_\_\_\_\_ Utilities Office

Comments: \_\_\_\_\_

**ASSESSOR APPROVAL**

This Certified Survey Map is hereby approved by the Assessor.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ Assessor

Comments: \_\_\_\_\_

**ENGINEERING DEPARTMENT APPROVAL**

This Certified Survey Map is hereby approved by the City Surveyor.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ Engineering/Surveyor

Comments: \_\_\_\_\_

**PLANNING DEPARTMENT APPROVAL**

This Certified Survey Map is hereby approved by the Planning Department.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ Planner

Comments: \_\_\_\_\_

**COMMON COUNCIL APPROVAL**

Resolved that this Certified Survey Map is hereby approved by the Common Council of the City of La Crosse.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Mayor (required only if signing off prior to expiration of veto period)

I hereby certify that the foregoing is a copy of a resolution adopted by the Common Council of the City of La Crosse.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ City Clerk