CITY OF ONALASKA MEETING NOTICE

COMMITTEE/BOARD: **Administrative & Judiciary Committee**

DATE OF MEETING: November 5, 2014 (Wednesday)

PLACE OF MEETING: City Hall – 415 Main Street (Common Council)

TIME OF MEETING: 6:00 P.M.

PURPOSE OF MEETING

1. Call to Order and roll call.
2. Approval of minutes from the previous meeting.
3. Public Input: (limited to 3 minutes/individual)

Consideration and possible action on the following items:

Administrative

4. **Public Hearing - approx. 6pm (or immediately following public input)** revision to the City of Onalaska Code of Ordinances allowing maintenance of golf courses to start at 5:30am (instead of the current 7am start time) during golf season on City of Onalaska Golf Courses.
5. Approval of Operator's Licenses as dated on report November 5, 2014
6. Approval of YMCA Winter Run Series on December 6, 2014, January 10, 2015 and February 14, 2015 starting at the parking lot at 400 Mason Street, Onalaska, WI from approximately 8am-9:30am.
7. Approval of Run/Walk Permit for 2015 American Cancer Society Hula Hustle 5K on Sunday, April 19, 2015 starting at United Health Care, 2700 Midwest Drive, Onalaska.
8. Approval of change of agent for Seasons by the Lake, 910 2nd Avenue North, Onalaska to Todd L. Hammond
9. Approval of Pawnbroker License for Pawn America, 1235 Crossing Meadows Drive, Onalaska for 2014-2015.
10. Approval of request from Schumacher-Kish for a full body burial for Margaret Thumann with the ashes of her husband Curtis, in Block 31, Lot 3, Grave 3 in the Onalaska Cemetery.
11. Miscellaneous licensing reporting

PLEASE TAKE FURTHER NOTICE that members of the Common Council of the City of Onalaska who do not serve on the Board may attend this meeting to gather information about a subject over which they have decision making responsibility.

Therefore, further notice is hereby given that the above meeting may constitute a meeting of the Common Council and is hereby noticed as such, even though it is not contemplated that the Common Council will take any formal action at this meeting.

NOTICES MAILED TO:

Mayor Joe Chilsen
* Ald. Erik Sjolander - Vice Chair Admin & Chair Jud
Ald. Jim Olson
Ald. Bob Muth.
Ald. Jim Bialecki
* Ald. Harvey Bertrand
*Ald. Jack Pogreba- Chair Admin.&Vice Chair Jud
City Attorney Dept Heads Charter Com. WXOW
La Crosse Tribune Onalaska Holmen Courier Life
WIZM WKTY WLXR WKBH WKBT WLSU

Lori Francis – American Cancer Society
Travis Pernsteiner - YMCA
Dave Cornelius – Cedar Creek Golf Course
Tina Peek – Coulee Golf Bowl
Jessica Himmer – La Crosse Country Club

*Committee Members

Date Notices Mailed and Posted: 10- 30-14

In compliance with the Americans with Disabilities Act of 1990, the City of Onalaska will provide reasonable accommodations to qualified individuals with a disability to ensure equal access to public meetings provided notification is given to the City Clerk within seventy-two (72) hours prior to the public meeting and that the requested accommodation does not create an undue hardship for the City.

Judiciary

1. **Ordinance No. 1484-2014** to rezone property located in Section 32 Township 17 North, Range 7 West in the City of Onalaska, La Crosse County Wisconsin from R-1 Single Family to R-2 Residential Duplex (Mack Rezoning) (Third and Final Reading)

2. **Ordinance No. 1485-2014** to amend Title 10 Chapter 1 of the Code of Ordinances of the City of Onalaska related to parking restrictions on Marcou Road (Third and Final Reading)

3. **Ordinance No. 1486-2014** to amend Chapter 4 of Title 2, Section 7, subsection D of the Code of Ordinances of the City of Onalaska relating to distribution of tax collected (Third and Final Reading).

4. **Ordinance No. 1488-2014** to rezone property located in Section 4 Township 16 North, Range 7 West in the City of Onalaska, La Crosse County Wisconsin From R-2 Single Family and or Residential Duplex to Transitional Commercial (First and Second Reading)

5. **Ordinance No. 1489-2014** to rezone property located in Section 5 Township 16 North, Range 7 West in the City of Onalaska, La Crosse County Wisconsin From R-2 Single Family and or Residential Duplex to B-1 Neighborhood Business (First and Second Reading)

Adjournment

NOTICE OF PUBLIC HEARING
BEFORE THE CITY OF ONALASKA
ADMINISTRTIVE COMMITTEE

Please take notice that the City Administrative Committee for the City of Onalaska will hold a public hearing on

WEDNESDAY, NOVEMBER 5, 2014
APPROX. 6:00 P.M.
(or immediately following public input)

in Onalaska City Hall, 415 Main Street, Onalaska, Wisconsin 54650 at which time they will consider an a revision to the City of Onalaska Code of Ordinances allowing maintenance of golf courses to start at 5:30am (instead of the current 7am start time) during the golf season on City of Onalaska Golf Courses, more particularly Cedar Creek, Coulee Golf Bowl and La Crosse Country Club

YOU ARE FURTHER NOTIFIED that the City of Onalaska Administrative Committee will hear all persons interested, their agent or attorney concerning this matter.

Dated this 17th day of October, 2014.

Cari Burmaster
City Clerk

ORDINANCE NO. ___ - 2014

AN ORDINANCE TO AMEND TITLE 11 CHAPTER 2 OF THE CITY OF ONALASKA CODE OF ORDINANCES RELATED TO NOISE VIOLATIONS

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS FOLLOWS:

SECTION I. Subsection (c)(4) of Section 9 of Chapter 2 of Title 11 of the Code of Ordinances of the City of Onalaska is hereby deleted in its entirety and replaced with:

(4ll) **Operation of Certain Equipment.** Lawnmowers, chainsaws, powered garden equipment, electric insect killing/repelling devices, and other non-construction maintenance equipment shall be operated only during the hours between 7:00 a.m. and 9:00 p.m. unless within the specified noise levels measured at the property line of the location at which said equipment is in use. Golf Courses in the City of Onalaska may operate maintenance equipment for golf course maintenance between the hours of 5:30 a.m. and 9:00 p.m.

1.

Formatted: Left, Indent: Left: 0.56", Hanging: 0.44", No bullets or numbering, Hyphenate, Tab stops: Not at -0.5" + 0.5"

SECTION II. This Ordinance shall take effect and be in force from and after its passage and prior to publication although it will be published in due course.

Dated this ___ day of _____, 2014.

CITY OF ONALASKA

By:_____
Joe Chilsen, Mayor

By:_____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

{01702030.DOCX}

11-05-2014 9:45 AM F O R M S R E G I S T E R

PACKET: 00992 License Packet NOV OPERATORS

SEQUENCE: License #

ID	PERIOD	NAME		LICENSE CODE	
04301	10/10/14- 6/30/16	JOHNSON	COURTNEY	OPRATOR	OPERATORS - 2 YEAR
04304	10/14/14- 6/30/16	FISCHER	ARRMAN	OPRATOR	OPERATORS - 2 YEAR
04305	10/16/14- 6/30/16	KINDER	TAD	OPRATOR	OPERATORS - 2 YEAR
04306	10/16/14- 6/30/16	CISNEROS	LIZETTE	OPRATOR	OPERATORS - 2 YEAR
04307	10/17/14- 6/30/16	DART	GABRIEL	OPRATOR	OPERATORS - 2 YEAR
04309	10/20/14- 6/30/16	KOHLMEIER	KATIE	OPRATOR	OPERATORS - 2 YEAR
04310	10/21/14- 6/30/15	SADDLER	REBECCA	OPRATOR	OPERATORS - 1 YEAR
04311	10/24/14- 6/30/16	HEGENBARTH	SPENCER B	OPRATOR	OPERATORS - 2 YEAR
04313	10/29/14- 6/30/16	CARLSON	EMELYN	OPRATOR	OPERATORS - 2 YEAR
04325	11/04/14- 6/30/15	BLOMQUIST	AMBER N	OPRATOR	OPERATORS - 1 YEAR

CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 *fax* (608) 781-9534 • www.cityofonalaska.com

SPECIAL EVENTS PERMIT APPLICATION

Date: 10/6/14

Cost: $ 0

(Please Print)

Application is for:

- ☐ Bicycle Races
- ☐ Marathons
- ☐ Parades
- ☐ Procession(s)
- ☒ Runs
- ☐ Block Party[1]
- ☐ Other: _____

Requestor Information

Organization/Requestor Name: Travis - La Crosse YMCA	Phone: (608) 519-5483	
Officer of Corporation or Director of Event: Travis Pernsteiner		
Address of Organization: 1140 Main st		
City: La Crosse	State: WI	Zip: 54601
Contact Person: Travis	Phone: ( )	
Address:		
City:	State:	Zip:
Purpose/Description of Event: To raise money for our non-profit org. Subsidizing Memberships.		

EVENT INFORMATION

Name of Event: Winter Walk Run Series	Date of Event: 12/6, 1/10, 2/14	Time (beginning) 8:00 am/pm	Time (ending) 9:30 am/pm
Starting Point or Block to Be Closed: 400 Mason st			
Route or Specific Location *(List Abutting Streets)*:			
Termination Point: 400 Mason st			
Estimated Maximum Number of Units/Persons Attending Event: 450			

[1]*Attach signatures of at least 51% of all households abutting the proposed block to be closed for said party*

*** * NOTE * * CERTIFICATE OF INSURANCE REQUIRED,**

With the City of Onalaska listed as additional Insured.

Original Certificate of Insurance must accompany this application

SPECIAL EVENTS REQUIRED INFORMATION

The following information must be completed and received by the City of Onalaska City Clerk's Office no less than 30 days (60 days for special events) prior to the scheduled event for processing. Failure to provide complete information could void your permit and cancel your event. Also, a Special Event Permit is not valid until insurance has been provided, all fees have been paid, and all necessary approval signatures have been obtained.

TELL US ABOUT YOUR EVENT:

1. Will food be prepared and/or served at the event? ☒ YES ☐ NO
   If yes, please explain in detail what food service you will provide:

   Bagels, bananas, cookies

   (Please contact the La Crosse County Health Department (608) 785-9872 to sell/serve food)

2. Will alcoholic beverages be served/sold? ☐ YES ☒ NO
   If yes, a "Special Class B" license will allow you to serve/sell beer and/or wine.

   (The Office of the City Clerk (608) 781-9530 will assist you with obtaining the license)

3. Will you be having a band or amplified music? ☐ YES ■ NO
   If yes, a Variance Permit may be needed.

   (Please contact the Onalaska Police Department (608) 781-9550 for additional information on noise and noise ordinance)

4. Do you require any special parking restrictions? ☐ YES ☒ NO
   If yes, please indicate what type, when and where:

5. Will you require the use of any City Services and/or equipment?

   Barricades ☐ YES ☒ NO If yes, approximately how many: _____

   Cones ☐ YES ☒ NO If yes, approximately how many: _____

   Street Sweeper ☐ YES ☒ NO If yes, approximate time needed: _____ a.m./p.m.

   (Please contact the Onalaska Public Works Department (608) 781-9537 to make arrangements)

6. Will temporary signage be used? ☒ YES ☐ NO
   If yes, please indicate what type and where:

   Small arrow signs along the route

   (Please contact the Onalaska Planning Department (608) 781-9590 to inquire about City Regulations)

7. Will there be a fireworks display? ☐ YES ☒ NO
   If yes, please indicate what type and where:

   (Please contact the Office of the Fire Department (608) 781-9546 to inquire about City Regulations)

8. Do you have a plan in place to deal with any medical emergencies that may occur during your event? ☐ YES ☐ NO
   If yes, please explain: Yes - contacting Tri state Ambulance to have an ambulance nearby

   (The Onalaska Police Department (608) 781-9550 will assist you with defining your safety/security needs)

9. An emergency/evacuation plan is needed. Please submit a plan not less than fourteen (14) business days prior to the event.

(The Onalaska Police Department (608) 781-9550 will assist you with your plan)

10. Other special assistance requested:

I understand the filing of this application does not ensure the issuance of this license. I also understand that all Special Events sponsors must comply with all applicable city Ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations. Fees for park facilities, food sales permits, tent, signage and fireworks permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for denial of the event.

Hold Harmless Indemnification and Defense.
The applicant and/or the organization agrees to indemnify, defend and hold harmless the City of Onalaska and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them, or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

[signature] 10/6/14

Signature of Applicant *Date*

Fees are Non-Refundable. Submit completed application along with any required information to:

Onalaska City Clerk's Office
415 Main Street
Onalaska, WI 54650

FOR OFFICE USE ONLY

Name & Date of Event: YMCA Winter Run Series

City Clerk	☒ APPROVED	☐ DENIED	Reason:	Date: 10-7-14
Fire Dept	☒ APPROVED	☐ DENIED	Reason:	Date: 10-7-14
Police Dept	☒ APPROVED	☐ DENIED	Reason: with course map change (see attached document)	Date: 10-8-14
Public Works	☒ APPROVED	☐ DENIED	Reason:	Date: 10-9-14
Health Dept	☐ APPROVED	☐ DENIED	Reason:	Date:
Planning	☒ APPROVED	☐ DENIED	~~Reason:~~ (Please send attached letter to YMCA.)	Date: 10/9/14 BS
Parks & Rec	☒ APPROVED	☐ DENIED	Reason:	Date: 10/10/14

Site Diagram Sketch Attached: ☐ YES ☐ NO

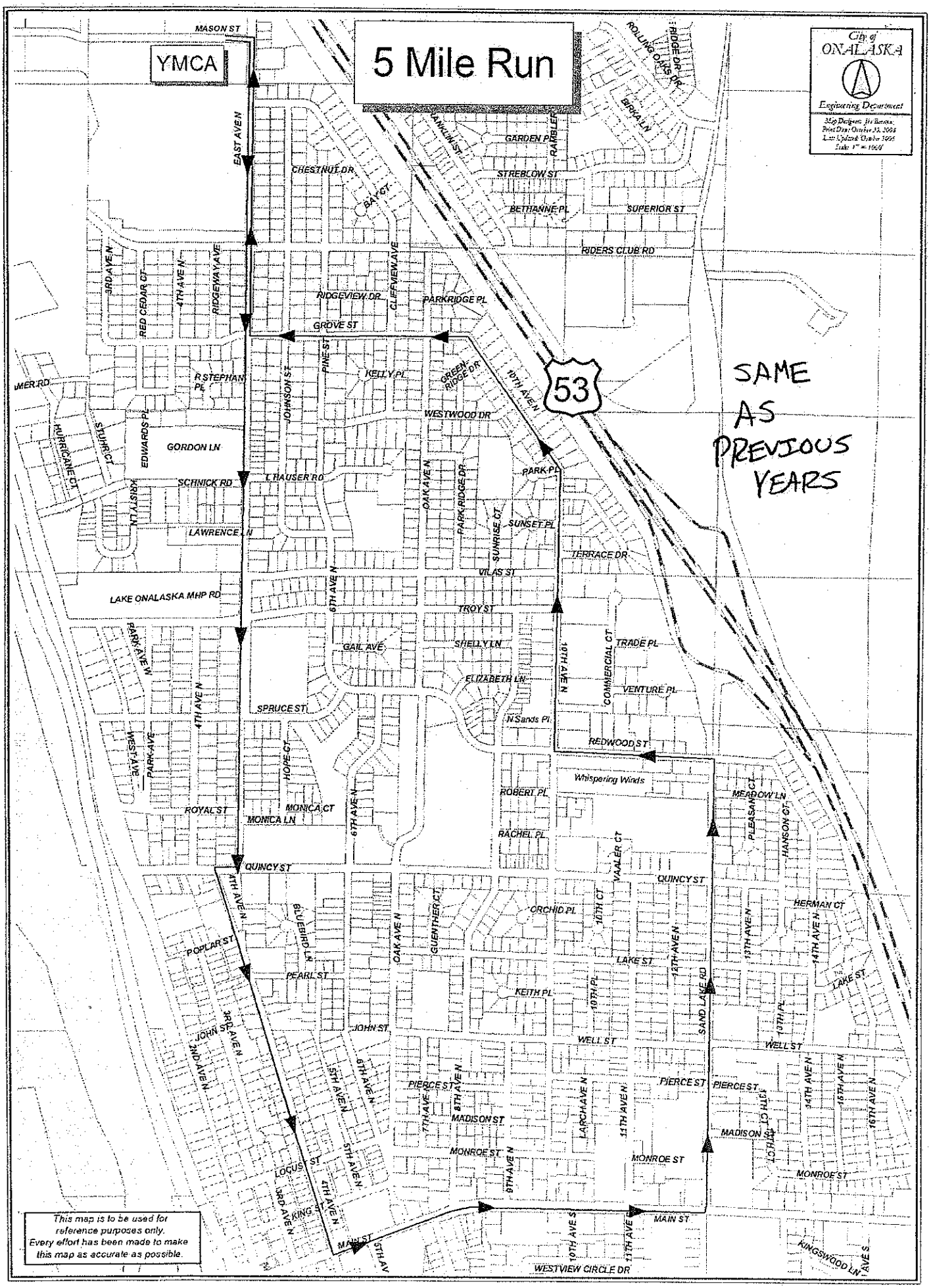
GIS Dept. Map Prepared: ___/___/___

Insurance Required: ☒ YES ☐ NO Certificate of Insurance on File: ☒ YES ☐ NO COI Expires: 7/1/15

Special Class B License Required: ☐ YES ☒ NO Date of Special Class B Application: ___/___/___

Approved By A&J: ___/___/___ Date License Issued: ___/___/___ License No: _____

OC#407 (Rev 1/28/2013)



5 Mile Run
YMCA
City of ONALASKA
Engineering Department
53
SAME AS PREVIOUS YEARS
MASON ST
EAST AVE N
CHESTNUT DR
BAY CT
GARDEN PL
STREBLOW ST
BETHANNE PL
SUPERIOR ST
RIDERS CLUB RD
ROLLING OAKS DR
RIDGE DR
BIRKA LN
RAMBLER
KANKLIN ST
3RD AVE N
RED CEDAR CT
4TH AVE N
RIDGEWAY AVE
RIDGEVIEW DR
CLIFFVIEW AVE
PARKRIDGE PL
GROVE ST
PINE ST
KELLY PL
GREEN RIDGE DR
10TH AVE N
R STEPHAN PL
JOHNSON ST
WESTWOOD DR
HURRICANE CT
STUHR CT
EDWARDS PL
GORDON LN
SCHNICK RD
L HAUSER RD
PARK PL
OAK AVE N
PARK RIDGE DR
SUNRISE CT
SUNSET PL
LAWRENCE LN
TERRACE DR
VILAS ST
LAKE ONALASKA MHP RD
6TH AVE N
TROY ST
PARK AVE W
GAIL AVE
SHELLY LN
TRADE PL
COMMERCIAL CT
ELIZABETH LN
VENTURE PL
SPRUCE ST
N Sands Pl
REDWOOD ST
WEST AVE
PARK AVE
HOPE CT
Whispering Winds
ROBERT PL
MEADOW LN
PLEASANT CT
HANSON CT
ROYAL ST
MONICA CT
MONICA LN
RACHEL PL
VAALER CT
QUINCY ST
4TH AVE N
BLUEBIRD LN
GUENTHER CT
ORCHID PL
10TH CT
HERMAN CT
POPLAR ST
LAKE ST
12TH AVE N
13TH AVE N
14TH AVE N
PEARL ST
KEITH PL
10TH PL
SAND LAKE RD
13TH PL
JOHN ST
3RD AVE N
2ND AVE N
WELL ST
5TH AVE N
6TH AVE N
PIERCE ST
8TH AVE N
7TH AVE
LARCH AVE N
11TH AVE N
MADISON ST
13TH CT
14TH AVE N
15TH AVE N
16TH AVE N
MONROE ST
9TH AVE N
LOCUST ST
KING ST
MAIN ST
5TH AV
10TH AVE S
11TH AVE S
WESTVIEW CIRCLE DR
KINGSWOOD LN
This map is to be used for reference purposes only. Every effort has been made to make this map as accurate as possible.

LACROSS-07 JGALLUP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/6/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Jodi Gallup	
Robertson Ryan - La Crosse 602 State Street La Crosse, WI 54601	PHONE (A/C, No, Ext): (608) 784-4854	FAX (A/C, No): (608) 784-4774
	E-MAIL ADDRESS: jgallup@robertsonryan.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : The Cincinnati Insurance Company	10677
INSURED	INSURER B :	
La Crosse Family YMCA 1140 Main Street La Crosse, WI 54601	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			CPP 0888869	07/01/2014	07/01/2015	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
	X Sexual Misconduct						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			CPA 0888869	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB / X OCCUR			CPP 0888869	07/01/2014	07/01/2015	EACH OCCURRENCE	$ 3,000,000
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 3,000,000
	DED / RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 2119819	07/01/2014	07/01/2015	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Winter Walk Run Series, 12/6, 1/10 & 2/14. City of Onalaska is additionally insured on the general liability policy with respect to the insured's sponsored event.

CERTIFICATE HOLDER

City of Onalaska
415 Main Street
Onalaska, WI 54650

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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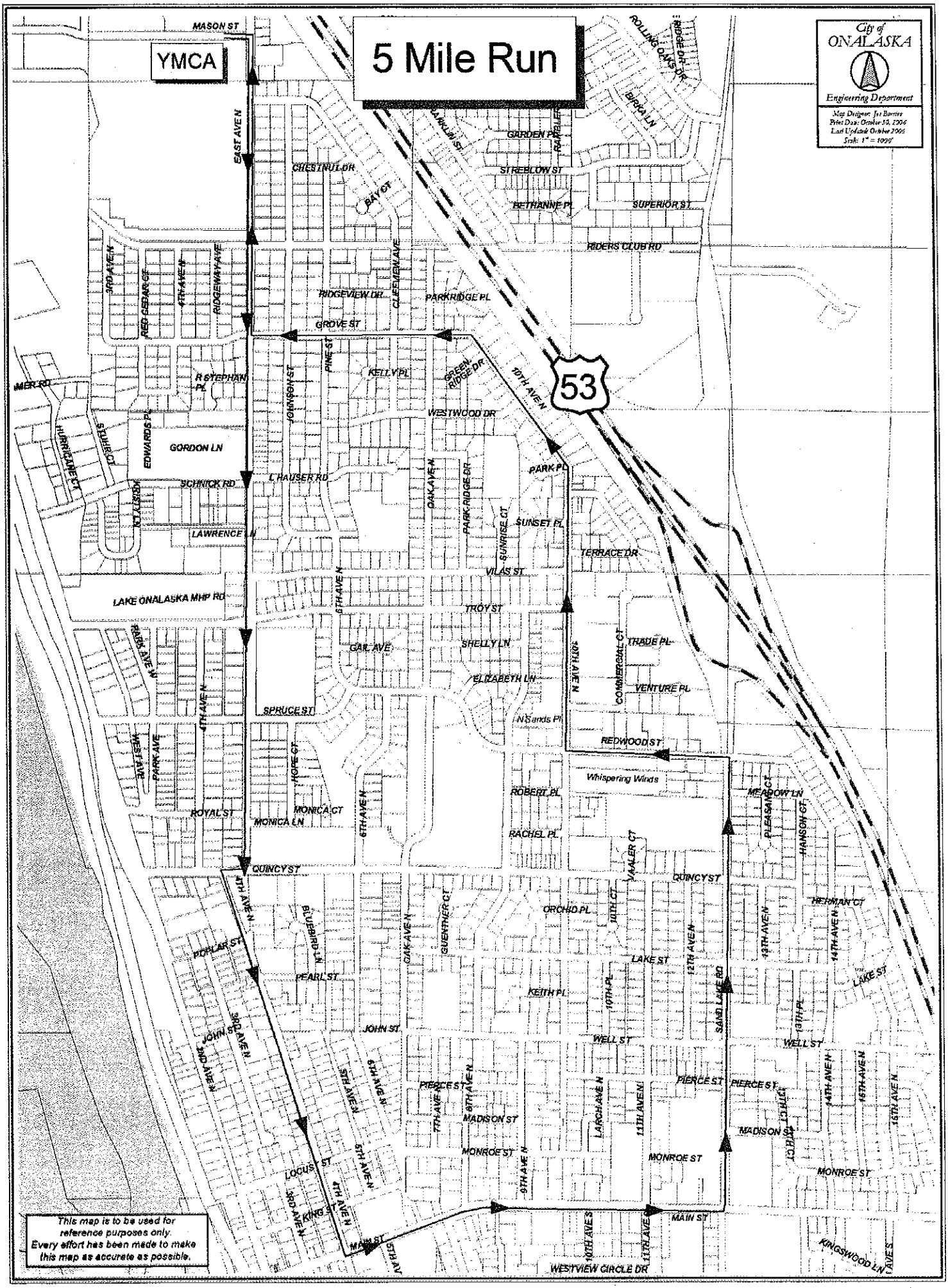

5 Mile Run
YMCA
City of ONALASKA
Engineering Department
Map Designer: Jon Barrow
Print Date: October 30, 2006
Last Updated: October 2006
Scale: 1" = 1000'
53
MASON ST
EAST AVE N
CHESTNUT DR
BAY CT
GARDEN PL
STREBLOW ST
BETHANNE PL
SUPERIOR ST
RIDERS CLUB RD
ROLLING OAKS DR
BIRKA LN
3RD AVE N
RED CEDAR CT
4TH AVE N
RIDGEWAY AVE
RIDGEVIEW DR
CLIFFVIEW AVE
PARKRIDGE PL
GROVE ST
PINE ST
KELLY PL
GREEN RIDGE DR
10TH AVE N
R STEPHAN PL
JOHNSON ST
WESTWOOD DR
HURRICANE CT
STUHR CT
EDWARDS PL
GORDON LN
PARK PL
SCHNICK RD
L HAUSER RD
OAK AVE N
PARK RIDGE DR
SUNRISE CT
SUNSET PL
LAWRENCE LN
TERRACE DR
VILAS ST
LAKE ONALASKA MHP RD
6TH AVE N
TROY ST
PARK AVE W
GAIL AVE
SHELLY LN
TRADE PL
COMMERCIAL CT
ELIZABETH LN
VENTURE PL
SPRUCE ST
N Sands Pl
REDWOOD ST
WEST AVE
PARK AVE
HOPE CT
Whispering Winds
ROBERT PL
MEADOW LN
ROYAL ST
MONICA CT
MONICA LN
RACHEL PL
PLEASANT CT
HANSON CT
QUINCY ST
VAALER CT
HERMAN CT
ORCHID PL
10TH CT
BLUEBIRD LN
GUENTHER CT
POPLAR ST
LAKE ST
12TH AVE N
13TH AVE N
14TH AVE N
PEARL ST
KEITH PL
10TH PL
SAND LAKE RD
13TH PL
JOHN ST
WELL ST
3RD AVE N
2ND AVE N
5TH AVE N
PIERCE ST
7TH AVE N
8TH AVE N
LARCH AVE N
11TH AVE N
MADISON ST
MONROE ST
9TH AVE N
LOCUST ST
KING ST
MAIN ST
10TH AVE S
11TH AVE S
WESTVIEW CIRCLE DR
KINGSWOOD LN
This map is to be used for reference purposes only. Every effort has been made to make this map as accurate as possible.

5 K Run/Walk

City of ONALASKA
Engineering Department
Map Designer: Joe Barnes
Print Date: October 30, 2006
Last Updated: October 2006
Scale: 1" = 400'

YMCA

MASON ST
OAK TIMBER DR
WINDHILL ST
BIRKA LN
FRANKLIN ST
RAMBLER CT
GARDEN PL
EAST AVE N
CHESTNUT DR
STREBLOW ST
BAY CT
BETHANNE PL
SUPERIOR
RIDERS CLUB RD
RED CEDAR CT
4TH AVE N
RIDGEWAY AVE
RIDGEVIEW DR
CLIFFVIEW AVE
PARKRIDGE PL
53
GROVE ST
PINE ST
GREENRIDGE DR
KELLY PL
R STEPHAN PL
JOHNSON ST
10TH AVE N
WESTWOOD DR
EDWARDS PL
GORDON LN
PARK PL
L HAUSER RD
SCHNICK RD
OAK AVE N
PARK RIDGE DR
KRISTY LN
SUNSET PL
LAWRENCE LN
SUNRISE CT
TERRACE DR
VILAS ST
IKE ONALASKA MHP RD
6TH AVE N
TROY ST
TRADE PL
GAIL AVE
SHELLY LN
PARK AVE W
COMMERCIAL CT
10TH AVE N
ELIZABETH LN
VENTURE
SPRUCE ST
N Sands Pl
4TH AVE N
REDWOOD ST
DE CT

This map is to be used for reference purposes only. Every effort has been made to make this map as accurate as possible.

CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 *fax* (608) 781-9534 • www.cityofonalaska.com

SPECIAL EVENTS PERMIT APPLICATION

Date: 10-14-14

Cost: $_____

(Please Print)

Application is for:

- ☐ Bicycle Races
- ☐ Marathons
- ☐ Parades
- ☐ Procession(s)
- ■ Runs
- ☐ Block Party[1]
- ☐ Other: _____

Requestor Information

Organization/Requestor Name: American Cancer Society	Phone: (608) 783-5001 x104	
Officer of Corporation or Director of Event: Lori Francis - Community Events Specialist		
Address of Organization: 1285 Rudy Street, Suite 103		
City: Onalaska	State: WI	Zip: 54650
Contact Person: Lori Francis	Phone: (608) 783-5001 x104	
Address: 1285 Rudy Street, Suite 103		
City: Onalaska	State: WI	Zip: 54650
Purpose/Description of Event: 2015 American Cancer Society Hula Hustle 5k		

EVENT INFORMATION

Name of Event: 2015 American Cancer Society Hula Hustle 5k	Date of Event: Sunday, April 19, 2015	Time (beginning) 11am am/pm	Time (ending) 2pm am/pm
Starting Point or Block to Be Closed: United Health Care, 2700 Midwest Drive, Onalaska, WI			
Route or Specific Location *(List Abutting Streets)*: United Health Care (midwest drive), to Theater Road, to Rudy/Braund St, to Cty Rd PH to mayfair pl, and returning to United Health Care.			
Termination Point: Event starts & ends at United Health Care - 2700 Midwest Drive, Onalaska, WI			
Estimated Maximum Number of Units/Persons Attending Event: Estimated 1,000 participants			

[1]Attach signatures of at least 51% of all households abutting the proposed block to be closed for said party

*** * NOTE * * CERTIFICATE OF INSURANCE REQUIRED,**

With the City of Onalaska listed as additional Insured.

Original Certificate of Insurance must accompany this application

SPECIAL EVENTS REQUIRED INFORMATION

The following information must be completed and received by the City of Onalaska City Clerk's Office no less than 30 days (60 days for special events) prior to the scheduled event for processing. Failure to provide complete information could void your permit and cancel your event. Also, a Special Event Permit is not valid until insurance has been provided, all fees have been paid, and all necessary approval signatures have been obtained.

TELL US ABOUT YOUR EVENT:

1. Will food be prepared and/or served at the event? ■ YES ☐ NO
   If yes, please explain in detail what food service you will provide:
   * will have Fruit, bagels & water available
   * May also contract with Big Boar Catering to provide Lunch (TBD)

   (Please contact the La Crosse County Health Department (608) 785-9872 to sell/serve food)

2. Will alcoholic beverages be served/sold? ☐ YES ■ NO
   If yes, a "Special Class B" license will allow you to serve/sell beer and/or wine.

   (The Office of the City Clerk (608) 781-9530 will assist you with obtaining the license)

3. Will you be having a band or amplified music? ■ YES ☐ NO
   If yes, a Variance Permit may be needed.

   (Please contact the Onalaska Police Department (608) 781-9550 for additional information on noise and noise ordinance)
   * will have background music playing at United Healthcare

4. Do you require any special parking restrictions? ■ YES ☐ NO
   If yes, please indicate what type, when and where:

   No parking along Midwest Drive Race Route - will need "no parking" signs

5. Will you require the use of any City Services and/or equipment?
   Barricades ■ YES ☐ NO If yes, approximately how many: TBD - will determine needs w/ police Depart.
   Cones ■ YES ☐ NO If yes, approximately how many: TBD " " "
   Street Sweeper ☐ YES ■ NO If yes, approximate time needed: _____ a.m./p.m.

   (Please contact the Onalaska Public Works Department (608) 781-9537 to make arrangements)

6. Will temporary signage be used? ■ YES ☐ NO
   If yes, please indicate what type and where:

   Pre-event banners to promote event. Day of event - at the corner of Midwest Drive & Theater rd, and theater & Kwy

   (Please contact the Onalaska Planning Department (608) 781-9590 to inquire about City Regulations)

7. Will there be a fireworks display? ☐ YES ■ NO
   If yes, please indicate what type and where:

   (Please contact the Office of the Fire Department (608) 781-9546 to inquire about City Regulations)

8. Do you have a plan in place to deal with any medical emergencies that may occur during your event? ■ YES ☐ NO
   If yes, please explain:

   Tri-state ambulance is typically onsite to deal with any medical emergencies & mayo clinic is on the race

   (The Onalaska Police Department (608) 781-9550 will assist you with defining your safety/security needs)

9. An emergency/evacuation plan is needed. Please submit a plan not less than fourteen (14) business days prior to the event.

(The Onalaska Police Department (608) 781-9550 will assist you with your plan)

10. Other special assistance requested:

As in past years, we would like to request the assistance of the police reserves to be onsite & coordinate road closures with our Planning Committee.

I understand the filing of this application does not ensure the issuance of this license. I also understand that all Special Events sponsors must comply with all applicable city Ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations. Fees for park facilities, food sales permits, tent, signage and fireworks permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for denial of the event.

Hold Harmless Indemnification and Defense.
The applicant and/or the organization agrees to indemnify, defend and hold harmless the City of Onalaska and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them, or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

Lori Francis — *Signature of Applicant*

10/14/14 — *Date*

Fees are Non-Refundable. Submit completed application along with any required information to:

Onalaska City Clerk's Office
415 Main Street
Onalaska, WI 54650

FOR OFFICE USE ONLY

Name & Date of Event: 2015 ACS Hula Hustle 4/19/15

City Clerk	☑ APPROVED	☐ DENIED	Reason:	Date: 10-15-14
Fire Dept	☑ APPROVED	☐ DENIED	Reason:	Date: 10-15-14
Police Dept	☑ APPROVED	☐ DENIED	Reason:	Date: 10-16-14
Public Works	☒ APPROVED	☐ DENIED	Reason:	Date: 10-16-14
Health Dept	☐ APPROVED	☐ DENIED	Reason:	Date:
Planning	☒ APPROVED	☐ DENIED	Reason: See attached letter	Date: 10/16/14 BS
Parks & Rec	☐ APPROVED	☐ DENIED	Reason:	Date: 10/17/14

Site Diagram Sketch Attached: ☑ YES ☐ NO

GIS Dept. Map Prepared: ____/____/____

Insurance Required: ☑ YES ☐ NO Certificate of Insurance on File: ☐ YES ☐ NO COI Expires: ____/____/____

Special Class B License Required: ☐ YES ☐ NO Date of Special Class B Application: ____/____/____

Approved By A&J: ____/____/____ Date License Issued: ____/____/____ License No: _____

CITY OF ONALASKA

PLANNING DEPARTMENT, 415 MAIN STREET, ONALASKA, WI 54650
PHONE: (608) 781-9590 *FAX:* (608) 781-9506
www.cityofonalaska.com

SITE DIAGRAM SKETCH

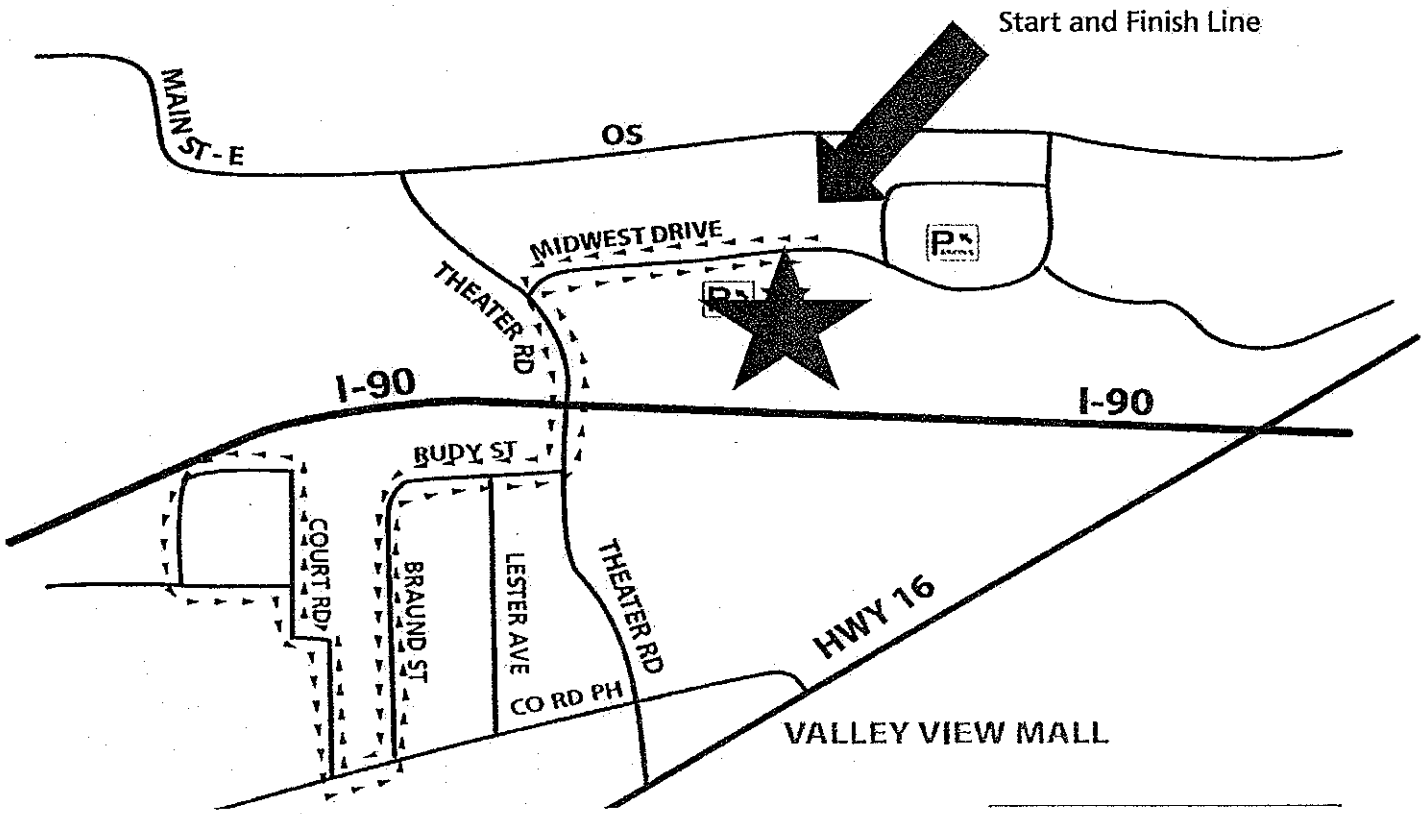
* Please see attached.
We are requesting to keep our event start/end location at our sponsor location. (United Healthcare) + I have attached our requested Race Route.
* This is the same race route as 2013 + 2014 events.

Please sketch the proposed location of the event above or attach a site diagram. Note all buildings, parcel lines, right-of-ways, streets and alleys. Include on this map or attach a sketch of the proposed event barricades, concession stands, portable restrooms, bleachers and other structures that will be brought in for the event.

2015 Course Map

ACS Hula Hustle 5K

**Same Route as 2014 **



United Healthcare
2700 Midwest Drive, Onalaska, WI

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Onalaska County of LaCrosse

The undersigned duly authorized officer(s)/members/managers of Seasons by the Lake LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Seasons by the Lake
(trade name)

located at 910 2nd Ave. No. Onalaska, WI 54650

appoints Todd L. Hammond
(name of appointed agent)

N6029 Prairie Fire Trail Onalaska, WI 54650
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Gordy's LaCrosse Inc LaCrosse, WI

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 39 years

Place of residence last year N6029 Prairie Fire Trail Onalaska, WI 54650

For: Seasons by the Lake LLC
(name of corporation/organization/limited liability company)

By: DAVE HEGENBARTH
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Todd L. Hammond, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Todd Hammond 10/23/2014 Agent's age 39
(signature of agent) (date)

N6029 Prairie Fire Trail Onalaska, WI 54650 Date of birth 03/11/197
(home address of agent)

CITY OF ONALASKA
RECEIPT 00108707 10/24/2014 8:53 AM
TRANS 198 0000 REVENUE ACCOUNT
OPERATOR: 1 TERM: 1
REF# DL
PAID BY:
REASONS BY THE LAKE
LICENSE: BEER & MALT
TENDERED: 10.00
AMOUNT: 10.00-
CHANGE: 0.00
CASH: 10.00
DRAWER

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ (date) by _____ (signature of proper local official) Title _____ (town chair, village president, police chief)

#00837

APPLICATION FOR

PAWNBROKERS, SECONDHAND ARTICLE DEALERS, SECONDHAND JEWELRY DEALERS, SECONDHAND ARTICLE DEALER MALL OR FLEA MARKET

FEES:
- X Pawnbroker $210.00
- X Secondhand Article Dealer $27.50
- X Secondhand Jewelry Dealer $30.00
- ___ Secondhand Article Dealer Mall or Flea Market $165.00

City of Onalaska
FAX #608 781-9534

INDIVIDUAL OR PARTNERSHIP:

Full Name(s)	Home Address	City, State, Zip

Applicant ever convicted of a felony? Yes ___ No X
Applicant ever convicted of a misdemeanor? Yes ___ No X
Date of Conviction ___
Name of Court ___
Nature of Offense ___

FULL NAME OF CORPORATION Pawn America Wisconsin, LLC
ADDRESS OF CORPORATION 181 River Ridge Circle S. Burnsville, MN 55337
ALL OFFICERS & DIRECTORS:

Title	Name	Home Address	City, State, Zip
Attached			

ADDRESS OF BUSINESS 1235 Crossing Meadows Dr. Onalaska, WI 54650

ADDRESS OF APPLICANT FOR THE LAST (2) YEARS:
181 River Ridge Circle S. Burnsville, MN 55337

TEMPORARY LICENSE ONLY
NAME OF APPLICANT(S) ___
ADDRESS OF APPLICANT ___
ADDRESS OF TEMPORARY LOCATION ___
TYPE OF EVENT ___
DATE(S) OF EVENT ___

For the license period beginning 12/31 1914; ending 1/01 1915 TO THE GOVERNING BODY OF THE CITY OF ONALASKA, COUNTY OF LA CROSSE.

(President of Corp./Partner/Ind.)

(Secretary of Corp./Partner)

(Additional Partner(s) if any)

(Date of Signature)

Social Security Number
470-94-3014

Date of Birth
06/01/1965

Place of Birth:
Hibbing, MN

Picture I.D. required with submittal of application.

CITY OF ONALASKA
REC#: 00108302 10/29/2014 11:06 AM
TRAN: 30.0000 LICENSES
OPER: Cash1 TERM: 001
REF#: JL-82180
PAID BY:
RENDERED 267.50
APPLIED: 267.50
CHANGE: 0.00
267.50CR 1 CHECK(S)

SCHUMACHER
Funeral and Cremation Services | KISH

To: Onalaska Administrative and Judiciary Committee
Re: Onalaska City Cemetery

The cemetery lot purchased for Curtis G. Thumann, Block 31 Lot 3 Grave 3, has been used for the burial of the cremated remains of Curtis Thumann and will also be used for the full burial of his wife, Margaret Thumann in the future.

Scott Kish
Schumacher-Kish Funeral & Cremation Services

La Crosse 200 West Ave S La Crosse, WI 54601 PH 608.782.1252 888.781.5623 FX 608.782.1972 www.schumacher-kish.com office@schumacher-kish.com
La Crescent 111 S Oak St La Crescent, MN 55947 PH 507.895.2518 **Onalaska** 907 Sand Lake Rd, PO Box 434 Onalaska, WI 54650 PH 608.781.5623

ORDINANCE NO. 1484 2014

AN ORDINANCE TO REZONE PROPERTY LOCATED IN SECTION 32 TOWNSHIP 17 NORTH, RANGE 7 WEST IN THE CITY OF ONALASKA, LA CROSSE COUNTY WISCONSIN FROM R-1 SINGLE FAMILY TO R-2 RESIDENTIAL DUPLEX

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS FOLLOWS:

SECTION I. The zoning map which is part of the zoning ordinance, Chapter 1 of Title 13 of the Code of Ordinances of the City of Onalaska is hereby amended to rezone the property described below from R-1 Single Family to R-2 Duplex Residential.

Property is more particularly described as:
Computer Number: 10-1217-0

PRT SW-SE COM NW COR S22D15ME 192FT TO POB N67D15ME 261FT S4D30ME 202.5FT S67DW 200FT N22D15MW 193.5FT TO POB ECX PRT ANEX TO CITY OF ONALASKA IN DOC NO. 1392126 ORD NO. 1181-2004

SECTION II. The office of the City Engineer is hereby directed to make the above-described zoning changes on the official City of Onalaska zoning map.

SECTION III. This Ordinance shall take effect and be in force from and after its passage and publication.

Dated this _____ day of _____, 2014.

CITY OF ONALASKA

By:_____
Joe Chilsen, Mayor

By:_____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

FISCAL IMPACT OF ORDINANCE 1484 – 2012 **Please route in this order**

Mack Rezoning – Stuhr Court

Brea Grace, Land Use & Development Director
(let Joe Barstow review all annexation ordinances)

Brea Grace 9/22/14
(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Jarrod Holter, City Engineer

C. Holter 9-23-14
(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Jeff Trotnic, Chief of Police

9/23/14
(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Don Dominick, Fire Chief

(signature)

☒ No Fiscal Impact ?
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Dan Wick, Parks & Rec Director

(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Fred Buehler, Financial Services Director

Fred Buehler 9-23-14
(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

ORDINANCE NO. 1485- 2014

AN ORDINANCE TO AMEND TITLE 10 CHAPTER 1 OF THE CITY OF ONALASKA CODE OF ORDINANCES RELATED TO PARKING RESTRICTIONS ON MARCOU ROAD

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS FOLLOWS:

SECTION I. Subsection (kk) of Section 27 of Chapter 1 of Title 10 of the Code of Ordinances of the City of Onalaska is hereby deleted in its entirety and replaced with:

(kk) **Marcou Road**

(1) There shall be no parking, stopping or standing on the west side of Marcou Road beginning at a point 1,250 feet north of the intersection of East Main Street and Marcou Road, and continuing in a northerly direction of 300 feet.

(2) There shall be no parking, stopping or standing on the west side of Marcou Road beginning at the intersection of Country Club Lane and continuing in a southerly direction 1,000 feet.

(3) There shall be no parking, stopping or standing on the east side of Marcou Road from the intersection of East Main Street and Marcou Road to the intersection of Emerald Valley Road and Marcou Road.

SECTION II. This Ordinance shall take effect and be in force from and after its passage and prior to publication although it will be published in due course.

Dated this ___ day of _____, 2014.

CITY OF ONALASKA

By:_____
Joe Chilsen, Mayor

By:_____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

FISCAL IMPACT OF ORDINANCE 1485 – 2014 **Please route in this order**

Brea Grace, Land Use & Development Director
(let Joe Barstow review all annexation ordinances)

Brea Grace 9/22/14
(signature)

☒ No Fiscal Impact

☐ Budgeted Item

☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Jarrod Holter, City Engineer

J. Holter 9-23-14
(signature)

☐ No Fiscal Impact

☒ Budgeted Item

6 signs @ $30/each

☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Jeff Trotnic, Chief of Police

9/23/14
(signature)

☒ No Fiscal Impact

☐ Budgeted Item

☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Fred Buehler, Financial Services Director

Fred Buehler 9-23-14
(signature)

☒ No Fiscal Impact

☐ Budgeted Item

☐ Will need $_____ for _____ to meet the requirements of this ordinance.

ORDINANCE NO. 1486-2014

AN ORDINANCE TO AMEND CHAPTER 4 OF TITLE 2, SECTION 7, SUBSECTION D OF THE CODE OF ORDINANCES OF THE CITY OF ONALASKA RELATING TO DISTRIBUTION OF TAX COLLECTED

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS FOLLOWS:

SECTION I. Title 2, Chapter 4, Section 7, Subsection (d) of the City of Onalaska Code of Ordinances related to Distribution of Tax Collected is hereby deleted in its entirety.

SECTION II. This Ordinance shall take effect and be in force from and after its passage and prior to publication although it will be published in due course.

Dated this _____ day of _____, 2014.

CITY OF ONALASKA, BY:

_____
Joe Chilsen, Mayor

_____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

FISCAL IMPACT OF ORDINANCE 1486 – 2014

Please route in this order

Fred Buehler, Financial Services Director

Fred Buehler 9-30-14
(signature)

☒ No Fiscal Impact

☐ Budgeted Item

☐ Will need $_____ for _____ to meet the requirements of this ordinance.

ORDINANCE NO. 1488- 2014

AN ORDINANCE TO REZONE PROPERTY LOCATED IN SECTION 4 TOWNSHIP 16 NORTH, RANGE 7 WEST IN THE CITY OF ONALASKA, LA CROSSE COUNTY WISCONSIN FROM R-2 SINGLE FAMILY AND OR RESIDENTIAL DUPLEX TO TRANSITIONAL COMMERCIAL

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS FOLLOWS:

SECTION I. The zoning map which is part of the zoning ordinance, Chapter 1 of Title 13 of the Code of Ordinances of the City of Onalaska is hereby amended to rezone the properties described below from R-2 Single Family or Duplex Residential to Transitional Commercial.

Property is more particularly described as:
Computer Number: 18-3548-0

ASSESSORS PLAT OF ONALASKA PRT OUTLOTS 9 & 10 COM SW COR OL 10 S88D33ME ALG S LN 1308.16FT N 33FT TO N R/W LN MAIN ST & POB N 150FT S88D33ME 90FT S 150FT TO N LN MAIN ST N88D22MW ALG N LN MAIN ST 90 FT TO POB

SECTION II. The office of the City Engineer is hereby directed to make the above-described zoning changes on the official City of Onalaska zoning map.

SECTION III. This Ordinance shall take effect and be in force from and after its passage and publication.

Dated this _____ day of _____, 2014.

CITY OF ONALASKA

By:_____
Joe Chilsen, Mayor

By:_____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

ORDINANCE NO. 1489- 2014

AN ORDINANCE TO REZONE PROPERTY LOCATED IN SECTION 5 TOWNSHIP 16 NORTH, RANGE 7 WEST IN THE CITY OF ONALASKA, LA CROSSE COUNTY WISCONSIN FROM R-2 SINGLE FAMILY AND OR RESIDENTIAL DUPLEX TO B-1 NEIGHBORHOOD BUSINESS

THE COMMON COUNCIL OF THE CITY OF ONALASKA DOES HEREBY ORDAIN AS FOLLOWS:

SECTION I. The zoning map which is part of the zoning ordinance, Chapter 1 of Title 13 of the Code of Ordinances of the City of Onalaska is hereby amended to rezone the property described below from R-2 Single Family or Duplex Residential to B-1 Neighborhood Business.

Property is more particularly described as:
Computer Number: 18-835-0

ASSESSORS PLAT OF ONALASKA PRT OUTLOT 31 COM NE COR GL 2
S89D46MW 801.7FT S17D17ME 62.75FT W 20.9FT S17D17ME 94.55FT TO POB
S17D17ME 70FT E 110FT N17D17MW 70FT W 110FT TO E R/W HWY & POB

SECTION II. The office of the City Engineer is hereby directed to make the above-described zoning changes on the official City of Onalaska zoning map.

SECTION III. This Ordinance shall take effect and be in force from and after its passage and publication.

Dated this _____ day of _____, 2014.

CITY OF ONALASKA

By:_____
Joe Chilsen, Mayor

By:_____
Caroline Burmaster, Clerk

PASSED:
APPROVED:
PUBLISHED:

Name	Address
Joe Chilsen	4415 500 10th Ave N.
Ted Dewald	612 Country Club Lane - Ona
DAVID TURK	215 Green Coulee, ONA
Keith Baker	345 French Rd., Ona
JERRY JORGENSEN	2220 EVENSON DRIVE, ONA
Wayne Thegmartin	N4678 French Rd, Onalaska
WARREN LOVELAND	633 FAIRWAY CREEK DR.
D. LEUCK	609 FAIRWAY CREEK DR
DENNIS Borchert	2225 Sand Lake Rd. Ona.
Scott Ryan	709 JULINE WAY, ONA.
Mike Bird	154 Coachlite Ct N. Onalaska

635 Fairway Creek Drive
Onalaska, Wi
October 30, 2014

The Honorable Joel Chilsen
Mayor of Onalaska
City Hall

Dear Joel,

Thank you for meeting with me yesterday and listening to my concerns regarding the wording of the proposed noise ordinance, in particular the exemption for golf course mowing. As I said then, there are times when common sense should prevail and this is one of those times.

There might be a few special events during the golfing season which could require early morning mowing and this should be carefully worded in the ordinance. For instance the weekly 'Ladies Day' and "Mens Day' activities should not be considered special events. Just to say that the sun is up and it's light out so we can start mowing and the heck with the neighbors is not acceptable. Early mowing should not become a routine matter.

My wife and I plan to attend the November 5th meeting and I will urge our neighbors to do the same.

Sincerely,

John

John Leinfelder

Copies:
Jack Tripp
Neighbors

Wayne and Donna Loveland
446 Country Club Lane
Onalaska, WI 54650

10-28-2014

RECEIVED
OCT 30 2014
CITY OF ONALASKA

City of Onalaska
Administrative Committee
415 Main Street
Onalaska, WI 54650

Gentlemen:

My wife and I received the notice of public hearing concerning the ordinance allowing maintenance of golf courses to start at 5:30AM. Neither of us is able to attend the November 5 public hearing. We live on the 11th fairway of the La Crosse Country Club and WOULD NOT like this ordinance changed to allow this earlier start time.

Thank you for allowing our input.

Yours truly,

Wayne Loveland

FISCAL IMPACT OF ORDINANCE 1488 – 2014
Bronston Rezoning – County Road PH

Please route in this order

Brea Grace, Land Use & Development Director
(let Joe Barstow review all annexation ordinances)

Brea Grace 10/24/14
(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Jarrod Holter, City Engineer

C. J. H. 10-30-14
(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Jeff Trotnic, Chief of Police

10/24/14
(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Don Dominick, Fire Chief

10/24/14
(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Dan Wick, Parks & Rec Director

(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Fred Buehler, Financial Services Director

Fred Buehler 10-30-14
(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

FISCAL IMPACT OF ORDINANCE 1488 – 2014 **Please route in this order**
Campbell Rezoning – 620 2nd Ave N

Brea Grace, Land Use & Development Director
(let Joe Barstow review all annexation ordinances)
(signature) 10/24/14

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Jarrod Holter, City Engineer
(signature) 10-30-14

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Jeff Trotnic, Chief of Police
(signature) 10/24/14

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Don Dominick, Fire Chief
(signature) 10/24/14

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Dan Wick, Parks & Rec Director
(signature)

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.

Fred Buehler, Financial Services Director
(signature) 10-30-14

☒ No Fiscal Impact
☐ Budgeted Item
☐ Will need $_____ for _____ to meet the requirements of this ordinance.