## Request for Annexation Review

Wisconsin Department of Administration

WI Dept. of Administration
Municipal Boundary Review
PO Box 1645, Madison WI 53701
608-264-6102
wimunicipalboundaryreview@wi.gov
https://doa.wi.gov/municipalboundaryreview

Petitioner Information					
Name: JOHN & NANCY HAESE					
Phone: (608) 540 - 9437					
Phone: (608) 540-9437  Email: jnhaese egmail.com					
Contact Information if different than petitioner:					
Representative's Name:					
Phone:					
E-mail:					
1. Town where property is located: ONALASKA					
2. Petitioned City or Village: CITY OF ONALASKA					
3. County where property is located: LA CROSSE					
4. Population of the territory to be annexed: 2					
5. Area (in acres) of the territory to be annexed: . 50 6. Tax parcel number(s) of territory to be annexed (if the territory is part or all of an existing parcel):					

Include these required items with this form:

10-023800-000

- 1. \(\square\) Legal Description meeting the requirements of \(\frac{\text{s.66.0217 (1) (c)}}{1.00}\) [see attached annexation guide]
- 2. Xightharpoonup Map meeting the requirements of s. 66.0217 (1) (g) [see attached annexation guide]
- 3. Signed Petition or Notice of Intent to Circulate [see attached annexation guide]

(2021)

## Annexation Review Fee Schedule

A Guide for Calculating the Fee Required by ss.16.53 (4) and 66.0217, Wis. Stats.

#### Required Fees

There is an initial filing fee and a variable review fee

\$ 200 Initial Filing Fee (required with the first submittal of all petitions)

\$200 – 2 acres or less \$350 – 2.01 acres or more

\$ 205 Review Fee (required with all annexation submittals except those that consist ONLY of road right-of-way)

\$200 - 2 acres or less

\$600 - 2.01 to 10 acres

\$800 - 10.01 to 50 acres

\$1,000 - 50.01 to 100 acres

\$1,400 - 100.01 to 200 acres

\$2,000 - 200.01 to 500 acres

\$4,000 - Over 500 acres

\$ 400 TOTAL FEE DUE (Add the Filing Fee to the Review Fee)

Include check or money order, payable to: Department of Administration

DON'T attach the check with staples, tape, ...

THE DEPARTMENT WILL NOT PROCESS AN ANNEXATION PETITION THAT IS NOT ACCOMPANIED BY THE REQUIRED FEE. - \$300.00 Gityot Ohalaska

THE DEPARTMENT'S 20-DAY STATUTORY REVIEW PERIOD COMMENCES UPON RECEIPT OF THE PETITION AND REVIEW FEE

Shaded Area for Office Use Only

Date fee & form received: 03/28/25

Payer: John L. & Ntney A. HAESE

Check Number: 574

Check Date: 3/20/25

Amount: #400. ==



Property Address:

Property Address:

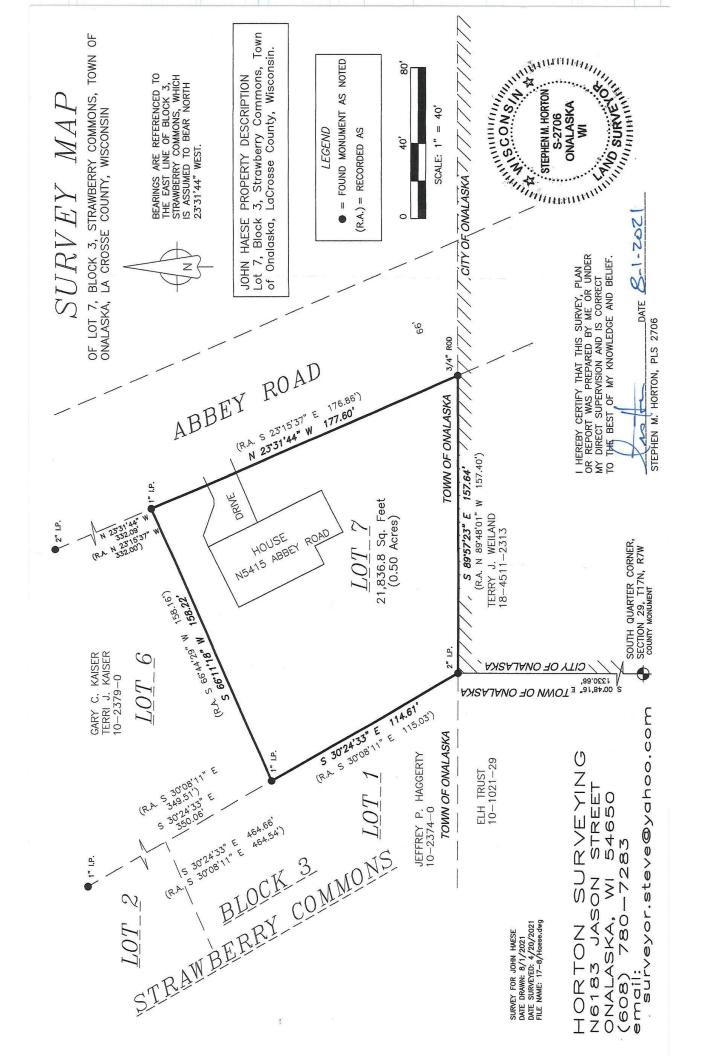
### City of Onalaska Annexation Application

Phone: (608) 781-9590 Fax: (608) 781-9506
415 Main St. Onalaska, WI 54650
Planning/Zoning: dg-planningzoning@onalaskawi.gov
http://www.cityofonalaska.com

To: City Clerk 415 Main Street Onalaska, WI 54650 We, the undersigned, John + Marcy Klasse
do hereby respectively petition the City of Onalaska, Wisconsin, to annex the real estate described hereinafter to the City of Onalaska, which is to be detached from the Township of Onalaska, County of La Crosse, Wisconsin to the City of Onalaska and that the subject property be zoned R-1 upon annexation.
The property, which is the subject of this petition, is contiguous to the current boundaries of the City of Onalaska. A complete and accurate legal description and a scaled map of the area is attached hereto and incorporated herein.
This instrument constitutes a Petition for direct annexation pursuant to Sec. 66.0217(2), Wis. Stats. The number of electors residing within the boundaries of this property is and the undersigned are the sole owners and fee title holders to this/these property(ies). Therefor, pursuant to Sec. 66.0217(4), Wis. Stats., no notice or publication is required.
A copy of this A copy of this Petition is being mailed to the State of Wisconsin, Department of Administration, for review as required by Sec. 66.0217(6), Wis. Stats., along with the requisite Wisconsin Department of Administration Annexation Fee.
A complete and detailed legal description and map must accommodate this petition at the time of application in order for it to be placed on the Plan Commission Meeting agenda. Short forms or abbreviated legal descriptions will not be accepted. Maps must be to scale and dimensioned.
Tax Parcel #: Tax Parcel #: Tax Parcel #: Parcel #: Tax Parcel #:
Property Address: N5415 ABBEY RD ONALASKA WI

Name of Owner: (printed)					
JOHN HAESE			_		
Address			Phone Number		
N5415 ABBEY RP			(608) 540 - 9437		
Signature Sun Haus	Date 3/20/25	Email Jnha	eseegmail.com		
Name of Owner: (printed) NANCY HAESE					
Address			Phone Number		
N5415 ABBEY RD.	ONALAS	KAWI	(608)783-6299		
Signature: Nany Haen	Date 3/20/25	Email Njhad	escogmail.com		
Name of Owner: (printed)					
Address	City, State,	Zip	Phone Number		
Signature:	Date	Email			
Name of Owner: (printed)	Name of Owner: (printed)				
Address	City, State,	Zip	Phone Number		
Signature:		Email			
Name of Owner: (printed)					
Address	City, State,	Zip	Phone Number		
Signature:	Date	Email			
Name of Owner: (printed)					
Address	City, State, Zip Phone Number		Phone Number		
Signature:	Date	Email			

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#### **LEGAL DESCRIPTION**

Lot 7, Block 3, Strawberry Commons, being part of the Northeast Quarter of the Southwest Quarter, and being part of the Northwest Quarter of the Southeast Quarter, all in Section 29, Township 17 North, Range 7 West, Town of Onalaska, La Crosse County, Wisconsin.

# **Annexation Review Questionnaire**

### **Wisconsin Department of Administration**

WI Dept. of Administration Municipal Boundary Review PO Box 1645 Madison WI 53701

608-264-6102 Fax: 608-264-6104 wimunicipalboundaryreview@wi.gov http://doa.wi.gov/municipalboundaryreview

Petitioner: Haese		z_	Pe	tition Number: 14751
1. Territory to be annexed:	From TOWN OF ONALAS	KA	To CITY OF ONALASKA	
2. Area (Acres):				
3. Pick one: ☐ Property Tax  a. Annual town property tax o  \$  b. Total that will be paid to To  (annual tax multiplied by 5  c. Paid by: ☐ Petitioner ☐	n territory to be annexed:  wn years):  City	a. Title b. Yea c. Par d. Sta		16 + Onalasca, Town
☐ Other: 4. Resident Population:				
5. Approximate present land Residential: 100 % Undeveloped:% 6. If territory is undeveloped, Residential:% Other:% Comments:	use of territory:  Recreational:%  what is the anticipated use  Recreational:%	Commercial: _ ? Commercial: _	% Industrial:	
7. Has a ☐ preliminary or ☐ f Plat Name:	inal plat been submitted to	the Plan Commi	ssion: 🗆 Yes 🎽 No	
8. What is the nature of land use adjacent to this territory in the city or village?  Multi-family row houses (4 units)  In the town?: vacant land and single-family dwellings  9. What are the basic service needs that precipitated the request for annexation?				
	₩ Water supply	•		

10. Is the city/village or town capable of providing needed utility services?				
City/Village 📜 Yes □ No Town □	Yes 💢 No			
If yes, approximate timetable for providing service: Cit	y/Village Town			
Sanitary Sewers immediately				
or, write in number of years.				
Water Supply immediately				
or, write in number of years.				
	<del></del>			
Will provision of sanitary sewers and/or water supply to the ten	ritory proposed for appeyation require capital			
expenditures (i.e. treatment plant expansion, new lift stations, i				
☐ Yes 🙀 No				
🗡 ;				
If yes, identify the nature of the anticipated improvements and	their probable costs:			
11. Planning & Zoning:	incli probable dotte.			
a. Do you have a comprehensive plan for the City/Village/Towr	n?			
Is this annexation consistent with your comprehensive plan?	X Yes □ No			
Das doct	. I A			
b. How is the annexation territory now zoned?	A( 77			
c. How will the land be zoned and used if annexed? Low Density Pesidential (21)				
12. Elections: ☐ New ward or ☐ Existing ward? Will the annexation create a new ward or join an existing ward? For				
more information, please contact the Wisconsin Election Commission at (608) 266-8005, <u>elections@wi.gov</u> or see their annexation checklist here: <u>http://elections.wi.gov/forms/el-100</u>				
13. Other relevant information and comments bearing upon the public interest in the annexation:				
Prepared by: ☐ Town 💢 City ☐ Village	Please RETURN PROMPTLY to:			
Name: Katie Accomen	wimunicipalboundaryreview@wi.gov			
Email: Kaspenson a Ordaska wi. 90V	Municipal Boundary Review			
Phone: (01-751-9590)	PO Box 1645, Madison WI 53701			
Date: 411/125	Fax: (608) 264-6104			
(March 2019)				

(March 2018)

SEPHALE SOLITON NIST		
PETITION #	F	

### REAL PROPERTY LISTERS ANNEXATION REVIEW

1. Territory to be annexed:	From Town of: Onalaska	To City/Village of:				
Parcel #: 10-02380-0		Onalaska				
2. Checklist: (Y) Yes; (N) No; (NA) Not app	2. Checklist: (Y) Yes; (N) No; (NA) Not applicable; (NC) Not checked					
<b>Location and Position</b>						
(1) Location description by government lot  → Plat of Survey (08-01-  (2) Contiguous with existing vinage/city box	recorded private claim, ¼ - ¼ section, sect 2021), over subdivision undaries	ion, township, range and county				
(3) Creates an island area in Township (con	npletely surrounded by city)					
1 (4) Creates an island area in City (complete	ly surrounded by town)					
Petition and Map Information						
(1) Identify owner(s) of annexed land						
(2) Identify parcel ID numbers included in  Some errors in Parcel # for  NA (3) Identify parcel ID numbers being split by	mat -> 5/B 10-02380-000					
(4) North arrow						
(5) Graphic Scale						
Y (6) Streets and Highways shown and identi	fied					
<u>Y</u> (7) Legend						
(8) Total area/acreage of annexation						
3. Other relevant information and comments: N/H						

Prepared by: Kyle Willoughby
Title: CATS 4 Real Property Specialist
Phone: 608-785-9637

Date:

April 3,2025

Please **RETURN PROMPTLY** to:

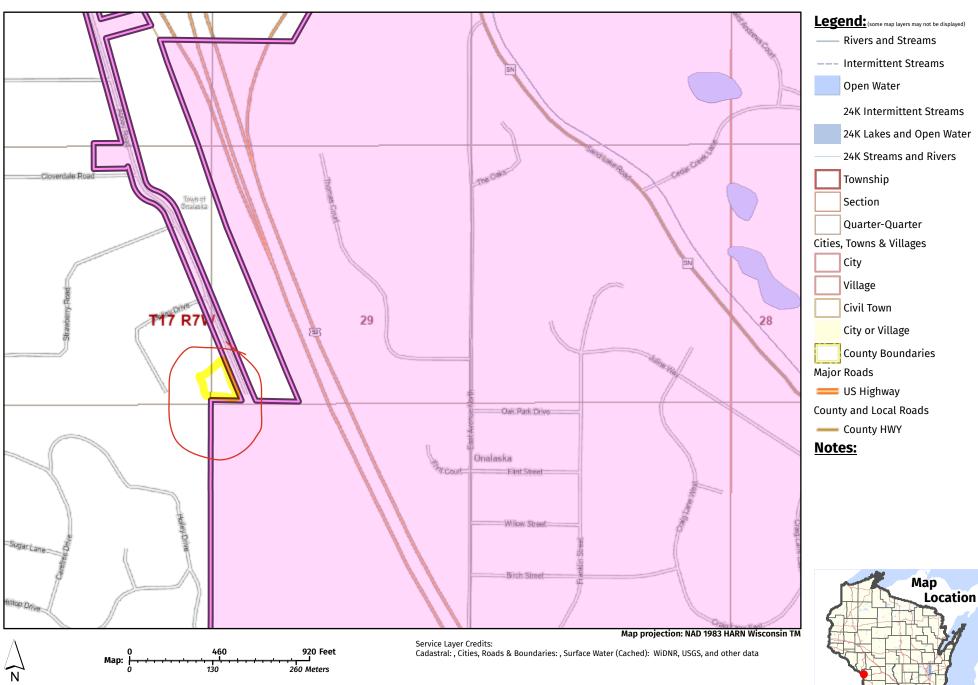
Municipal Boundary Review

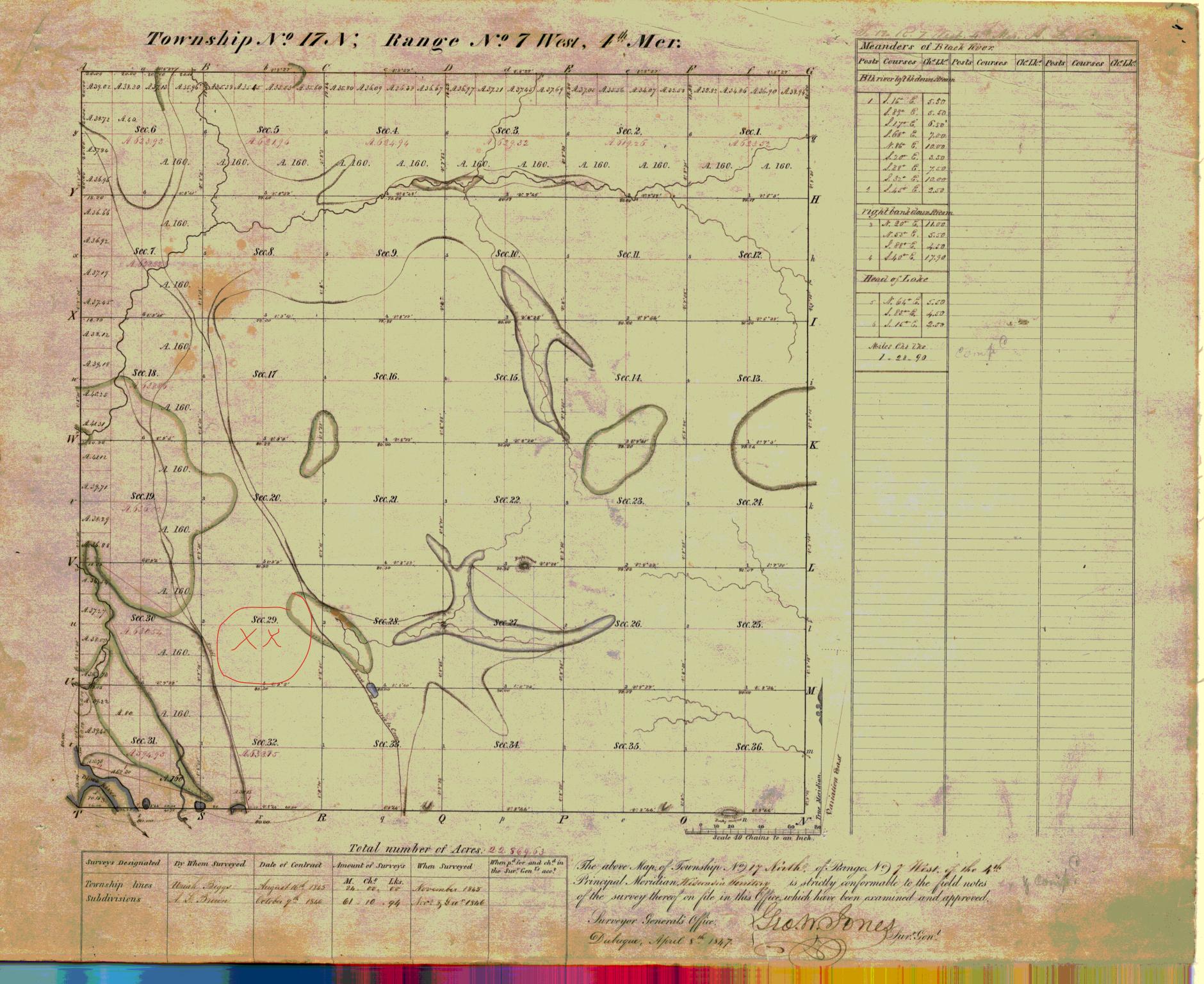
PO Box 1645

Madison WI 53701

(608) 264-6102 FAX (608) 264-6104 wimunicipalboundaryreview@wi.gov









TONY EVERS
GOVERNOR
KATHY BLUMENFELD
SECRETARY

**Municipal Boundary Review** PO Box 1645, Madison WI 53701

Voice (608) 264-6102 Fax (608) 264-6104 Email: <a href="mailto:wimunicipalboundaryreview@wi.gov">wimunicipalboundaryreview@wi.gov</a> Web: <a href="mailto:http://doa.wi.gov/municipalboundaryreview">http://doa.wi.gov/municipalboundaryreview</a>

April 21, 2025

PETITION FILE NO. 14751

JOANN MARCON, CLERK CITY OF ONALASKA 415 MAIN ST ONALASKA, WI 54650-2953 MARY RINEHART, CLERK TOWN OF ONALASKA N5589 COMMERCE ROAD ONALASKA, WI 54650-9266

Subject: HAESE ANNEXATION

The proposed annexation submitted to our office on March 31, 2025, has been reviewed and found to be in the public interest. In determining whether an annexation is in the public interest, s. 66.0217 (6), Wis. Stats. requires the Department to examine "[t]he shape of the proposed annexation and the homogeneity of the territory with the annexing village or city...." so as, to ensure the resulting boundaries are rational and compact. The statute also requires the Department to consider whether the annexing city or village can provide needed municipal services to the territory. The subject petition is for territory that is reasonably shaped and contiguous to the City of Onalaska, which is able to provide needed municipal services.

The Department reminds clerks of annexing municipalities of the requirements of s. 66.0217 (9)(a), Wis. Stats., which states:

"The clerk of a city or village which has annexed shall file immediately with the secretary of administration a certified copy of the ordinance, certificate and plat, and shall send one copy to each company that provides any utility service in the area that is annexed. The clerk shall record the ordinance with the register of deeds and file a signed copy of the ordinance with the clerk of any affected school district..."

State and federal aids based on population and equalized value may be significantly affected through failure to file with the Department of Administration. Please file a copy of your annexing ordinance, including a statement certifying the population of the annexed territory. **Please include your MBR number 14751 with your ordinance.** Ordinance filing checklist available at <a href="http://mds.wi.gov/">http://mds.wi.gov/</a>, click on "Help on How to Submit Municipal Records". Email scanned copy of required materials (color scan maps with color) to <a href="mds.wi.gov">mds.wi.gov</a> or mail to: Wisconsin Department of Administration, Municipal Boundary Review, PO Box 1645, Madison WI 53701-1645.

The petition file is available for viewing at: <a href="http://mds.wi.gov/View/Petition?ID=2825">http://mds.wi.gov/View/Petition?ID=2825</a></a>
Please call me at (608) 264-6102, should you have any questions concerning this annexation review.

Sincerely,

Erich Schmidtke, Municipal Boundary Review

cc: petitioner

# **Annexation Review Questionnaire**

## Wisconsin Department of Administration

WI Dept. of Administration
Municipal Boundary Review
PO Box 1645
Madison WI 53701
608-264-6102 Fax: 608-264-6104
wimunicipalboundaryreview@wi.gov
http://doa.wi.gov/municipalboundaryreview

Petitioner: Haese		Petition Number: 14751				
1. Territory to be annexed: From TOWN OF ONALASKA		To CITY OF ONALASKA				
2. Area (Acres): <u>5</u>	•					
3. Pick one: ☐ Property Tax	Payments	OR Boundary Agreement				
a. Annual town property tax o	n territory to be annexed:	a. Title of boundary agreement				
\$		b. Year adopted 2016 City Oralas Ke				
b. Total that will be paid to To	wn	c. Participating jurisdictions To on Onelas Ka				
(annual tax multiplied by 5	years):	d. Statutory authority (pick one)				
c. Paid by: ☐ Petitioner ☐	City □ Village	☐ s.66.0307 ☐ s.66.0225 ☐ s.66.0301				
□ Other:						
4. Resident Population:	Electors: 2 Total:	2				
5. Approximate present land	use of territory:					
Residential: 100 %	Recreational:% (	Commercial:% Industrial:%				
Undeveloped:%						
6. If territory is undeveloped, v	what is the anticipated use?					
Residential:%	Recreational:% (	Commercial:% Industrial:%				
Other:%						
Comments:						
7. Has a⊠ preliminary or □ final plat been submitted to the Plan Commission: □ Yes ϰ No						
Plat Name:						
8. What is the <b>nature of land use adjacent</b> to this territory in the city or village?						
Kesidential	1 Commercial					
In the town?: Ke Slden	<u>val</u>					
9. What are the basic service needs that precipitated the request for annexation?						
☐ Sanitary sewer	☐ Water supply ☐	Storm sewers				
☐ Police/Fire protection	□ EMS □	Zoning				
Other						

10. Is the city/village or town capable of providing needed utility services?						
City/Village ☐ Yes ☐ No	Town I	∃ Yes	刘	No		
If yes, approximate timetable for providing ser	vice: C	ity/Village		Town		
<u>Sanitary Sewers</u> immediatel	y [	]				
or, write in number of years.	_					
Water Supply immediately		I				
or, write in number of years.						
Will provision of capitary cowers and/or water sur	only to the to	rritory pror	2000	d for appoyation require capital		
Will provision of sanitary sewers and/or water supexpenditures (i.e. treatment plant expansion, new				·		
☐ Yes ☐ No	· ···· - · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , , ,		
If yes, identify the nature of the anticipated impro	vements and	I their prob	able	costs:		
11. Planning & Zoning:		· · · · · · · · · · · · · · · · · · ·				
a. Do you have a comprehensive plan for the City	//Village/Tov	/n?	Υe	es □ No		
Is this annexation consistent with your compre	hensive plan	? 🔀	I₄ Y∈	es □ No		
	^	,				
b. How is the annexation territory now zoned? <u>kesido whal</u>						
c. How will the land be zoned and used if annexed? Kosiden Fig.						
12. Elections: ☐ New ward or ☐ Existing ward? Will the annexation create a new ward or join an existing ward? For more information, please contact the Wisconsin Election Commission at (608) 266-8005, elections@wi.gov or see their						
annexation checklist here: http://elections.wi.gov/forms/el-100						
40 Other description of the second se						
13. Other relevant information and comments bearing upon the public interest in the annexation:						
Prepared by: Ŋ Town ☐ City ☐ Village		Please	RE	TURN PROMPTLY to:		
Name: Mary Product		<u>wimuni</u>	cipa	lboundaryreview@wi.gov		
Email: mary or na Mark a town or	plaskawi ig	Municip	al Bo	oundary Review		
Phone: 602 - 183 - 4058	Car - Carrott of		164	5, Madison WI 53701		
Date: .5/19/25		Fax: (60	8) 2	64-6104		
(March 2018)						