

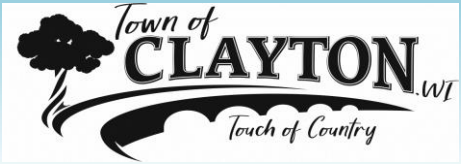
Certified Survey Map (CSM) Review Application

Town of Clayton Town Hall

8348 Hickory Ave

Larsen, WI 54947

Phone: 920-836-2007

Email: administrator@claytonwinnebago.wi.govWebsite: <https://www.townofclayton.net/>**Property Owner(s)**

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail _____

Applicant:

Check: Architect: _____ Engineer: _____ Surveyor: _____ Attorney: _____ Agent: _____ Owner: _____

Name: _____

Address: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Describe the reason for the CSM Review: _____

Survey Specifics:

Number of Lots: _____ Total Acreage: _____ Tax Key Number: _____

Legal Description: _____

Surveyor: _____

Zoning: _____ Registration Number: _____

Address: _____

Phone: _____ Email: _____

I certify that the attached drawings are to the best of my knowledge complete and drawn in accordance with all Town of Clayton codes.

Signature _____

Today's Date _____

For Town Use Only

Fee (see Town Fee Schedule)			
Fee: _____	Map Deposit Fee: _____	Check #: _____	Date: _____
*Map Deposit fee is fully refundable if a recorded copy of the approved document is submitted to the Town within 90 days of the Town Board approval.			
Date Received Complete: _____		By: _____	
Review Meetings - Plan Comm _____		Town Board _____	
CSM is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Condition	<input type="checkbox"/> Denied
Recorded Document Submittal Deadline (90 days from TB Approval): _____			

Note: 1. Please notify utility companies regarding your proposed development. 2. CSM approval does not constitute approval of a building permit or any required approval of a highway connection permit. 3. CSM & Fee must be submitted 30 working days prior to meeting.