

Comprehensive Plan Amendment Application

Town of Clayton Town Hall

8348 Hickory Ave

Larsen, WI 54947

Phone: 920-836-2007

Email: administrator@claytonwinnebago.wi.gov

Website: <https://www.townofclayton.net/>



Applicant:

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail _____

Property Owner:

Name: _____

Address: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Application Specifics:

Property Address: _____ Parcel Number: _____

Current Future Land Use Designation: _____

Surrounding Land Uses - North: _____ South: _____ East: _____ West: _____

Proposed Future Land Use Designation: _____

Reason for Proposed Change:

By the execution of this application, the applicant hereby authorizes the Town of Clayton or its agents to enter upon the property during the hours of 7:00 am to 7:00 pm daily for the purpose of inspection. Applicant grants the Town of Clayton or its agents permission to enter even if the applicant has posted this land against trespassing to Sec. 943.13 Wis. Stats. I swear that the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Signature _____

Today's Date _____

For Town Use Only

Fee (see Town Fee Schedule)			
Fee: _____	Check #: _____	Date: _____	
Town Board _____		Received By: _____	
Review Meetings - Plan Comm _____			
Application is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Condition	<input type="checkbox"/> Denied