

Concept Plan Review Application

Town of Clayton Town Hall

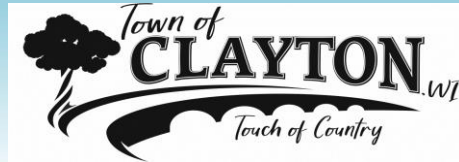
8348 Hickory Ave

Larsen, WI 54947

Phone: 920-836-2007

Email: administrator@claytonwinnebago.gov

Website: 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 Concept Plan: _____

PROJECT/SURVEY SPECIFICS:
TYPE: ☐ CSM ☐ Commercial ☐ Industrial ☐ Residential ☐ Other

Total Acreage: _____ Tax Key Number: _____

Existing Zoning: _____ Proposed Zoning: _____

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: _____ Date Received Complete: _____ Receipt: _____

By: _____ Check #: _____

Review Meetings _____ History _____

Concept is: ☐ Approved ☐ Approved with Condition ☐ Denied

Comments: _____

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