

# Preliminary Plat Review Application

\*Submit 11"x17" PDF; 1 full-sized PDF; & 1 full-sized Hard Copy\*

**Town of Clayton Town Hall**

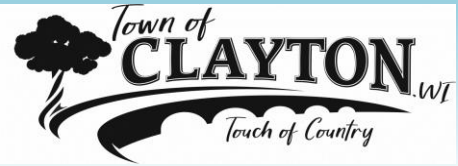
8348 Hickory Ave

Larsen, WI 54947

Phone: 920-836-2007

Email: [administrator@claytonwinnebago.wi.gov](mailto:administrator@claytonwinnebago.wi.gov)

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


**Property Owner(s)**

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Applicant:**

Check: Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_ Surveyor: \_\_\_\_\_ Attorney: \_\_\_\_\_ Agent: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Plat Title:**

Number of Lots: \_\_\_\_\_ Total Acreage: \_\_\_\_\_ Tax Key Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_ Zoning: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Registration #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received Complete: \_\_\_\_\_ By: \_\_\_\_\_ Applic. #: \_\_\_\_\_

Review Meeting \_\_\_\_\_ History \_\_\_\_\_

Preliminary Plat is: ☐ Approved ☐ Approved with Condition ☐ Denied

Public Improvement Agreement Signed: ☐ Yes ☐ No

10 Copies submitted to County: ☐ Yes ☐ No 11" x 17" submitted: ☐ Yes ☐ No

15 Copies submitted to Town: ☐ Yes ☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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