

## RE-ZONING APPLICATION

### Town of Clayton Town Hall

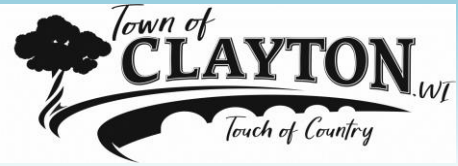
8348 Hickory Ave

Larsen, WI 54947

Phone: 920-836-2007

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

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



### PROPERTY OWNER

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 Re-Zoning: \_\_\_\_\_

### RE-ZONING SPECIFICS

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

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

Current 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Town Use Only Fee (see Town Fee Schedule)

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

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

Review Meetings - Plan Comm \_\_\_\_\_ Town Board \_\_\_\_\_

Newspaper Publication Dates: \_\_\_\_\_ & \_\_\_\_\_ Posting Date: \_\_\_\_\_

300ft Neighborhood Notice Distribution : \_\_\_\_\_

Re-Zoning is: ☐ Approved ☐ Denied

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

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