



**Re-Zoning Application
(Submit 15 copies of Drawings)**

Mail: 8348 County Road T – Larsen, WI 54947

Phone – 920-836-2007 Fax – 920-836-2026

Email – toc@new.rr.com Web Page – www.townofclayton.net

Property Owner (s): _____

Address/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Applicant: _____

Check: Architect ___ Engineer ___ Surveyor ___ Attorney ___ Agent ___

Address/City/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Describe the reason for the Rezoning: _____

Re-Zoning Specifics:

No. of Lots:

Total Acreage:

Tax ID #:

Legal Description:

Current 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.

Applicant Signature: _____ Date: _____

For Town Use Only

Fee (See Fee Schedule)

Fee: _____ Acct No: _____ Receipt: _____ Date: _____

Date Received Complete: _____ By: _____ Application. No.: _____

Review Meeting _____ History _____

Re-zoning is: Approved _____ Denied _____

Comments: _____

Notes: Please notify utility companies regarding your proposed development. Re-zoning approval does not constitute approval of a building permit or any required approval of a highway connection permit. Re-zoning Application & Fee must be submitted 10 working days prior to meeting.