



**Site Plan Review 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: _____

Site Address/Zip: _____

Applicant: _____
Address/Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

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

Describe in detail the type of business being proposed and/or use of property: _____

Building/Project Specifics: _____

Ground Floor Elevation: _____ Lot Size: _____ Basement: ___ Yes ___ No

Stories in Building: _____ Building Height _____ Current Employees: _____

Employees added by Addition: _____ Floor Area Added by Expansion: _____

Engineer: _____ Registration No.: _____

Address/Zip: _____
Phone: _____ Fax: _____ 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.

Applicant Signature: _____ Date: _____

For Town Use Only			
Fee: _____	Acct No: _____	Receipt: _____	Date: _____
Date Rec'vd Complete: _____	By: _____	Applic. No.: _____	
Review Meeting _____	History _____		
Site Plan is: Approved _____	Approved with Condition _____	Denied _____	
Comments: _____			

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