

Town of Clayton

CERTIFIED SURVEY MAP REVIEW APPLICATION

Mail: 8348 CTR "T" – Larsen, WI 54947
Phone – 920-836-2007 Fax – 920-836-2026
Email – administrator@townofclayton.net Web Page – www.townofclayton.net

Property Owner (s): _____

Address/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Applicant: _____

Check: Architect ____ Engineer ____ Surveyor ____ Attorney ____ Agent ____ Owner ____

Address/City/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Describe the reason for the Certified Survey Map: _____

Survey Specifics:

No. of Lots: _____ Total Acreage: _____ Tax Key No.: _____

Legal Description: _____

Zoning: _____

Surveyor: _____ Registration No.: _____

Address/City/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
(See Fee Schedule)

Review Fee: _____ Map Deposit Fee*: _____ Check #: _____ Date: _____

*Map Deposit fee is fully refundable if a recorded copy of the approved document is submitted to the Town within 90 days of the Town Board approval.

Received of: _____ Refund to: _____

Date Rec'd Complete: _____ By: _____

Review Meetings – Plan Comm _____ Town Board _____

C.S.M. is: Approved _____ Approved with Condition _____ Denied _____

Recorded Document Submittal Deadline (90 days from TB Approval): _____

Notes: 1. Please notify utility companies regarding your proposed development. 2. CSM approval does not constitute approval of a building permit or any required approval of a highway connection permit. 3. CSM & Fee must be submitted 20 working days prior to meeting.