



**Concept 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: _____

Applicant: _____

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

Address/City/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Describe the reason for the Concept Plan: _____

Project/Survey Specifics:

Type: CSM ___ Commercial ___ Industrial ___ Residential ___ Other _____

Total Acreage: _____ Tax Key No.: _____

Existing 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 Town Fee Schedule**

Fee: _____	Acct No: _____	Receipt: _____	Date: _____
Date Rec'vd Complete: _____	By: _____	Applic. No.: _____	
Review Meeting _____	History _____		
Concept is: Approved _____	Approved with Condition _____	Denied _____	
Comments: _____			

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