



**Preliminary Plat Review Application
(Submit 15 copies of Drawings)**

8348 County Road T – Larsen, WI 54947
Phone – 920-836-2007 Fax – 920-836-2026

Email – tocadmin@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: _____

Plat Title: _____

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
Fee (See Fee Schedule)**

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

Date Rec'vd Complete: _____ By: _____ Applic. No.: _____

Review Meeting _____ History _____

Preliminary Plat is: Approved _____ Approved with Condition _____ Denied _____

Public Improvement Agreement Signed: Yes _____ No: _____

10 Copies submitted to County: Yes _____ No: _____ 11" x 17" submitted: Yes _____ No: _____

15 Copies submitted to Town: Yes _____ No: _____

Comments: _____

Notes: Please notify utility companies regarding your proposed development. CSM approval does not constitute approval of a building permit or any required approval of a highway connection permit. Preliminary Plat & Fee must be submitted 10 working days prior to meeting. **Submit 1 copy to City of Neenah (if in Extra Territorial Plat Review).**