

Town of Clayton

RE-ZONING APPLICATION

Mail: 8348 County Road T – Larsen, WI 54947
Phone – 920-836-2007 Fax – 920-836-2026 Email – tocadmin@new.rr.com

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 Re-Zoning: _____

Re-Zoning Specifics:

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

Legal Description: _____

Current 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: _____ Check # _____ Receipt _____ Date _____

Date Received Complete _____ By _____ App. No. _____

Review Meetings – Plan Comm _____ Town Board _____

Newspaper Publication Dates _____ & _____ Posting Date _____

300' Neighborhood Notice Distribution _____

Re-Zoning is: Approved _____ Denied _____

Comments _____

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