

Conditional Use Application

Town of Clayton Town Hall
 8348 Hickory Ave
 Larsen, WI 54947
 Phone: 920-836-2007
 Email: clerk@claytonwinnebago.wi.gov
 Website: https://www.townofclayton.net/



Property Owner(s)

Name Daniel and Shannon Allen

Street Address 2746 Cassy Lane

City Neenah State WI Zip Code 54956

Phone 262-443-0665 (Dan) or 262-719-9746 (Shannon)

E-mail uwp.engineer@gmail.com (Dan) or shannon.allen2012@gmail.com (Shannon)

Applicant:

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

Name: Daniel and Shannon Allen

Address: 2746 Cassy Lane, Neenah, WI Zip Code: 54956

262-443-0665 (Dan) or uwp.engineer@gmail.com (Dan) or

Phone: 262-719-9746 (Shannon) E-Mail: shannon.allen2012@gmail.com (Shannon)

Describe the reason for the Conditional Use: We would like to use our single-family residence for short-term rentals for specialty events, such as EAA.

Conditional Use Specifies:

Number of Lots: 1 Total Acreage: 1.81 Tax Key #: 006-1505

Legal Description: Breaker Ridge Plat Lot 16

Current Zoning: Residential

I certify that the attached drawings are to the best of my knowledge complete and drawn in accordance with all Town of Clayton codes.

[Signature]

03/18/24

Applicant Signature: _____ Date: _____

For Town Use Only

Fee (see Town Fee Schedule)

Fee: 350.00 Check #: 1359 Receipt: 1224 Date: 4/3/24

Date Received Complete: 4/3/24 By: KAC CUP #: _____

Review Meetings - Plan Comm 5/8/24 Town Board 5/15/24

Newspaper Publication Dates: _____ & _____ Posting Date: _____

300ft Neighborhood Notice Distribution : _____

Conditional Use is: Approved Denied

Comments: _____

Notes: 1. Please notify utility companies regarding your proposed development. 2. A Conditional Use approval does not constitute approval of a building permit or any required approval of a highway connection permit. 3. A Conditional Use Application & Fee must be submitted 30 working days prior to meeting.

Clerk Town of Clayton

From: Daniel Allen <uwp.engineer@gmail.com>
Sent: Tuesday, April 9, 2024 3:25 PM
To: Clerk Town of Clayton
Cc: Shannon Allen; Kelly Wisnefske, Administrator, Town of Clayton
Subject: Re: Conditional Use Application Received - 2746 Cassy Ln

Categories: INFO

Kelsey, please see answers to your questions that you posed below. if you need any clarification please let me know and we will get on it right away.

1. NA, entire residence is to be rented.
2. This will not be a problem, is this something that needs to happen before the meeting takes place? do you have a name and phone number you can share for the building inspector that we should be coordinating with?
3. This is complete and available to share if you do not have it already.
4. The home will not be rented for more than 10 days per year.
5. Confirmed
6. Understood
7. Understood
8. Confirmed
9. Understood
10. Understood, no signage will be placed
11. Understood
12. Understood
13. Understood, we will be renting for less than 10 days per year
14. Understood, we will be renting for less than 10 days per year
15. Understood
16. Understood

Again, let me know if anything else is needed or would aid in completing this task. I believe item number 2 above is the only one that needs attention, and we just need to confirm whom to reach out to, and if this should be done before or after the meeting.

Dan Allen
262-443-0665

On Tue, Apr 9, 2024 at 2:54 PM Clerk Town of Clayton <clerk@claytonwinnebago.wi.gov> wrote:

Hi Dan & Shannon,

Staff has been reviewing your Conditional Use Permit (CUP) Application. The Town has placed certain conditions on the other short-term rentals within the Town and the below list was previously approved and enforced by both the Plan Commission & Town Board (not to be considered all-encompassing):

1. If only portions of the residence are proposed to be rented, the applicant shall submit a floor plan identifying which portions of the residence will be rented to verify the single-family residence is not being converted to a duplex.
2. Applicant and building inspector coordinate an inspection of the residence with re-inspections to occur every 5 years.
3. Applicant obtain a Winnebago County Health Department License and keep that License active for the duration of the short-term rental activity **PROVIDED WINNEBAGO COUNTY TOURIST ROOMING HOUSE LICENSE**
4. Applicant that maintains, manages, and/or operates a short-term rental facility for more than 10-nights each year obtain a tourist rooming house license form the State Department of Agriculture, Trade, and Consumer Protection (DATCP).
5. All short-term rental activities shall only occur within a single-family residential dwelling.
6. All structures require a one-time Conditional Use Permit as an accessory use to a single-family residential as the Principal Use.
7. Conditional Use Permit for short-term rentals be transferable between property owners.
8. Operator of a short-term rental facility maintains the single-family dwelling as their principal residence during the time period when rooms are offered.
9. Exterior appearance of the building shall not be altered from its single-family appearance.
10. All signage shall conform with the standards identified in the Conditional Use Permit, those being that the sign shall not exceed (4) square feet in area.
11. No food preparation or cooking shall be allowed in guest rooms.
12. Meals shall only be offered to overnight guests.
13. Rentals shall not exceed 29 consecutive days.
14. Rentals shall be limited to 180-days within any 365-day period.
15. All parking (home owner and renters) for the facility shall occur on site. No street parking is allowed.
16. All local, state and federal tax must be filed with the appropriate agencies. Short-term rental facilities must comply with the provisions of Section 9.1 of the Town of Clayton Municipal Code pertaining to hotel and motel room tax.

Any additional information you can provide for the Commissioners before the meeting is appreciated. They will be making their recommendation to the Town Board based on the application and supporting documentation provided.

Best,

Kelsey Faust-Kubale

Clerk, Town of Clayton

8348 Hickory Ave

Larsen, WI 54947



Public Health
 Wisconsin Department of Health Services
 Winnebago County

**WINNEBAGO COUNTY HEALTH
 DEPARTMENT**
**Environmental Health Food Safety and
 Recreational Licensing Program**

License, Permit or Registration

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Wisconsin statutes and is here by authorized to engage in the activity as indicated below.

ACTIVITY Tourist Rooming House (LTR)	EXPIRATION DATE 30-Jun-2024	I.D. NUMBER MPEN-D3JKGZ
LICENSEE MAILING ADDRESS 2746 CASSY LANE 2746 CASSY LN NEENAH WI 54956	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS 2746 CASSY LANE 2746 CASSY LN NEENAH WI 54956

5.7196

Codes

The department may send out a renewal notice as a courtesy, but in the absence of a courtesy reminder it is the licensee that is responsible for remittance of the permit fee to the department before July 1st. All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

WINNEBAGO COUNTY HEALTH DEPARTMENT
 112 OTTER AVE 2ND FLOOR
 OSHKOSH, WI 54903-2808
 (920)232-3000

* Include the name of your facility and the ID number.



501 West Bell Street • Neenah • Wisconsin 54956-4868
(920) 729-1100 • FAX (920) 729-4945 • 1-800-776-7196

Acronyms & Units

<u>Acronym</u>	<u>Description</u>
LOD	Limit of Detection The lowest concentration of an analyte that can be identified, measured and reported with confidence that the concentration is not a false positive.
LOQ	Limit of Quantitation The lowest concentration of an analyte for which quantitative results can be obtained.
Dil.	Dilution If the sample matrix contains an interfering material, or if concentrations of analytes in the sample are higher than the highest limit of concentration that the laboratory can accurately report, the sample may be diluted for analysis.

<u>Units</u>	<u>Description</u>
mg/L	Milligrams per Liter
ug/L	Micrograms per Liter
mg/kg	Milligrams per Kilogram
ppb	Parts per Billion
ppm	Parts per Million

TURBIDITY=

Turbidity tests the cloudiness of the water, and it is a requirement that we check it prior to analyzing metals. There is no EPA limit. If the result is over 1.0 NTU then we must process the sample with an acid digestion.

- < Less than
- > Greater than

Certifications

WI DNR Cert. Lab #445023150
WI DATCP Cert. #105-205
GB-WI DNR Cert. Lab #405222620
GB-WI DATCP Cert. #105-450

Members

WWOA; WEF; FET
CSWEA; WGWA
TAPPI; WCMA
WI Paper Council



501 West Bell Street
 Neenah, WI 54956-4868
 P: 920.729.1100 | T: 1.800.776.7196
 F: 920.729.4945

Water Testing Form for Private Water Systems

Collection Date (MM/DD/YY) 03/19/24	Time: 7:30	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Collected By: Shannon Allen
Owner's Name: Shannon Allen		Owners Telephone Number: 262-719-9746	
Street Address: 2746 Cassy Ln		Well Address: same	
City: Neenah	State: WI	Zip: 54956	(town) or City: Clayton
County: Winnebago			
Email Report To: shannon.allen2012@gmail.com			
Mail Report To (if Different Than Above):			
Street Address:			
City:		State:	Zip:
Sampling Information Reason for Test: <input checked="" type="checkbox"/> Annual Test <input type="checkbox"/> Previous Unsafe <input type="checkbox"/> New Well <input type="checkbox"/> Pump Work <input type="checkbox"/> Taste or Odor <input type="checkbox"/> Real Estate Sale <input type="checkbox"/> Other: _____		Laboratory Use Only <input checked="" type="checkbox"/> MMO-MUG Colisure* Colilert 18* <input type="checkbox"/> Membrane Filter <input type="checkbox"/> Other: _____	
Sample Location: <input type="checkbox"/> Bathroom Tap <input type="checkbox"/> Pressure Tank tap <input checked="" type="checkbox"/> Kitchen Tap <input type="checkbox"/> Outside Spigot <input type="checkbox"/> Other: _____		Laboratory Bacteria Results <input checked="" type="checkbox"/> Safe (Coliform Absent) <input type="checkbox"/> Unsafe (Coliform Present) and: <input type="checkbox"/> Fecal/E Coli Present <input type="checkbox"/> Fecal/ E Coli Absent <input type="checkbox"/> Invalid (Submit another sample) <input type="checkbox"/> Old - OL <input type="checkbox"/> Frozen - FR <input type="checkbox"/> Overgrown - OG <input type="checkbox"/> Lab Accident - LA <input type="checkbox"/> Turbidity - TU <input type="checkbox"/> Shipping Issue - SI <input type="checkbox"/> Chlorine Present	
Well Construction Information <input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Dug <input type="checkbox"/> Other: _____			
Other Tests and Comments:		Date/Time Received: AK 3/19/24 8:01am	
		Lab Sample Number: 1463	
		Date Reported: 3-20-24 PS	

Records Retained for 5 years

