

RE-ZONING APPLICATION

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



PROPERTY OWNER

Name John Kulago & David Hughes
 Street Address 2539 Oakridge Rd
 City Deerwah State WI Zip Code 54956
 Phone 920-385-3777
 E-mail john.kulago@parkshop@gmail.com

APPLICANT

Check: Architect: _____ Engineer: _____ Surveyor: Attorney: _____ Agent: _____ Owner: _____
 Name: Chris Perreault
 Address: 615 N. Lyndale Dr., Appleton, WI Zip Code: 54914
 Phone: 920-731-4168 E-Mail: chris@clse.pro
 Describe the reason for the Re-Zoning: Rezoning so lot is in one zoning district

RE-ZONING SPECIFICS

Number of Lots: 2 Total Acreage: 6.88 Tax Key Number: 006042003
006042002 006042005
 Legal Description: Lots 1 & 2 and part of Lot 4 of CSM No. 8112
Town of Clayton, Winnebago County, WI
 Current Zoning: A-2 & R-1

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: [Signature] Date: 12/15/25

Town Use Only Fee (see Town Fee Schedule)

Fee: _____ Check #: _____ Receipt #: _____ Date: _____
 Date Received Complete: _____ By: _____ Applic. #: _____
 Review Meetings - Plan Comm _____ Town Board _____
 Newspaper Publication Dates: _____ & _____ Posting Date: _____
 300ft 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 30 working days prior to meeting.

Certified Survey Map (CSM) Review Application

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Property Owner(s)

Name: John Kulogo & David Hughes
 Street Address: 2539 Oakridge Rd., Neenah, WI 54956
 City: Neenah State: WI Zip Code: 54956
 Phone: 920-385-3777
 E-mail: john.kulogo@workshop@gmail.com

Applicant:

Check: Architect: _____ Engineer: _____ Surveyor: * Attorney: _____ Agent: _____ Owner: _____
 Name: Chris Perreault
 Address: 615 N. Lyndale Dr., Appleton, WI Zip Code: 54914
 Phone: 920-731-4168 E-Mail: chris@clse.pro
 Describe the reason for the CSM Review: Adding land to existing lot

Survey Specifics:

Number of Lots: 2 Total Acreage: 6.88 Tax Key Number: 006042003 006042002 006042005
 Legal Description: Lots 1 & 2 part of Lot 4 of CSM No 8112
Town of Clayton, Winnebago County, WI
 Surveyor: Chris Perreault
 Zoning: A-2 & R-1 Registration Number: 2249
 Address: Same as applicant
 Phone: 920-731-4168 Email: chris@clse.pro

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: [Handwritten Signature] Today's Date: 12/1/23

For Town Use Only

Fee (see Town Fee Schedule)			
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.			
Date Received Complete: _____	By: _____		
Review Meetings - Plan Comm _____	Town Board _____		
CSM is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Condition	<input type="checkbox"/> Denied
Recorded Document Submittal Deadline (90 days from TB Approval): _____			

Note: 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 30 working days prior to meeting.