

Certified Survey Map (CSM) Review 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(s)

Name Pint, LLC & KBN LLC

Street Address 1994 Oakridge Road

City Neenah State WI Zip Code 54956

Phone (920) 573-9300

E-mail e.schaefer33@gmail.com

Applicant:

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

Name: Corey W. Kalkofen-McMahon Associates, Inc.

Address: 1445 McMahon Drive Neenah, WI Zip Code: 54956

Phone: (920) 751-4200 E-Mail: ckalkofen@mcmgrp.com

Describe the reason for the CSM Review: _____
to re-configure the lot lines

Survey Specifics:

Number of Lots: 2 Total Acreage: 15.190 Tax Key Number: 006037006, 006037007 & 0060370

Legal Description: all of Lot 1, Outlot 1 & Outlot 2 of Certified Survey Map No. 3158 as recorded in Volume 1 of CSM's on Page 3158 as Document No. 904710, located in the Southeast 1/4 of the Southeast 1/4 of Section 13, Township 20 North, Range 16 East, Town of Clayton, Winnebago County, Wisconsin

Surveyor: Corey W. Kalkofen-McMahon Associates, Inc.

Zoning: B-2 Registration Number: S-2726

Address: 1445 McMahon Drive Neenah, WI 54956

Phone: (920) 751-4200 Email: ckalkofen@mcmgrp.com

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

May 9th 2024

Signature

Today's Date

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.