

Town of Clayton
CERTIFIED SURVEY MAP REVIEW APPLICATION

RECEIVED
APR 22 2024

Mail: 8348 CTR "T" - Larsen, WI 54947
Phone - 920-836-2007 Fax - 920-836-2026
Email - administrator@townofclayton.net Web Page - www.townofclayton.net

Property Owner (s): BIG RING PROPERTIES, LLC
Address/Zip: 1397 S. PARK AVE, NIENAH, WI 54956
Phone: 920 4841673 Fax: _____ E-Mail: NICKS@NAIPEFFERLE.COM

Applicant: NICK SCHMIDT
Check: Architect _____ Engineer _____ Surveyor Attorney _____ Agent _____ Owner
Address/City/Zip: 1397 S. PARK AVE., NIENAH, WI 54956
Phone: 920 404 1673 Fax: _____ E-Mail: NICKS@NAIPEFFERLE.COM
Describe the reason for the Certified Survey Map: LOT SPLIT NAIPEFFERLE.COM

Survey Specifics:

No. of Lots: 2 Total Acreage: 19.61 Tax Key No.: 00600061002
Legal Description: Lot 2 of Certified Survey Map 7640 being part of the NW 1/4 and SW 1/4 of the NW 1/4, Section 1, T20N, R16E Zoning: B-1

Surveyor: David Hebert, PLS Registration No.: S-2312
Address/City/Zip: Hebert Associates, Inc., 1110 W. Wisconsin Ave., Appleton, WI 54914
Phone: (920)734-8373 Fax: (920)734-3968 E-Mail: dave@hebertassoc.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.

Applicant Signature: [Signature] Date: 1/16/24

For Town Use Only
(See Fee Schedule)

Review Fee: \$500 - Map Deposit Fee*: NA Check #: 5085 Date: 4/22/24

*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.

Received of: [Signature] Refund to: _____

Date Rec'd Complete: _____ By: _____

Review Meetings - Plan Comm _____ Town Board _____

C.S.M. is: Approved _____ Approved with Condition _____ Denied _____

Recorded Document Submittal Deadline (90 days from TB Approval): _____

Notes: 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 20 working days prior to meeting.

Certified Survey Map # _____

All of Lot 2 of Certified Survey Map 7640
 being part of the fractional Northwest $\frac{1}{4}$
 of the Northwest $\frac{1}{4}$ and part of the
 Southwest $\frac{1}{4}$ of the fractional Northwest
 $\frac{1}{4}$, Section 1, T20N, R16E, Town of Clayton,
 Winnebago County, Wisconsin

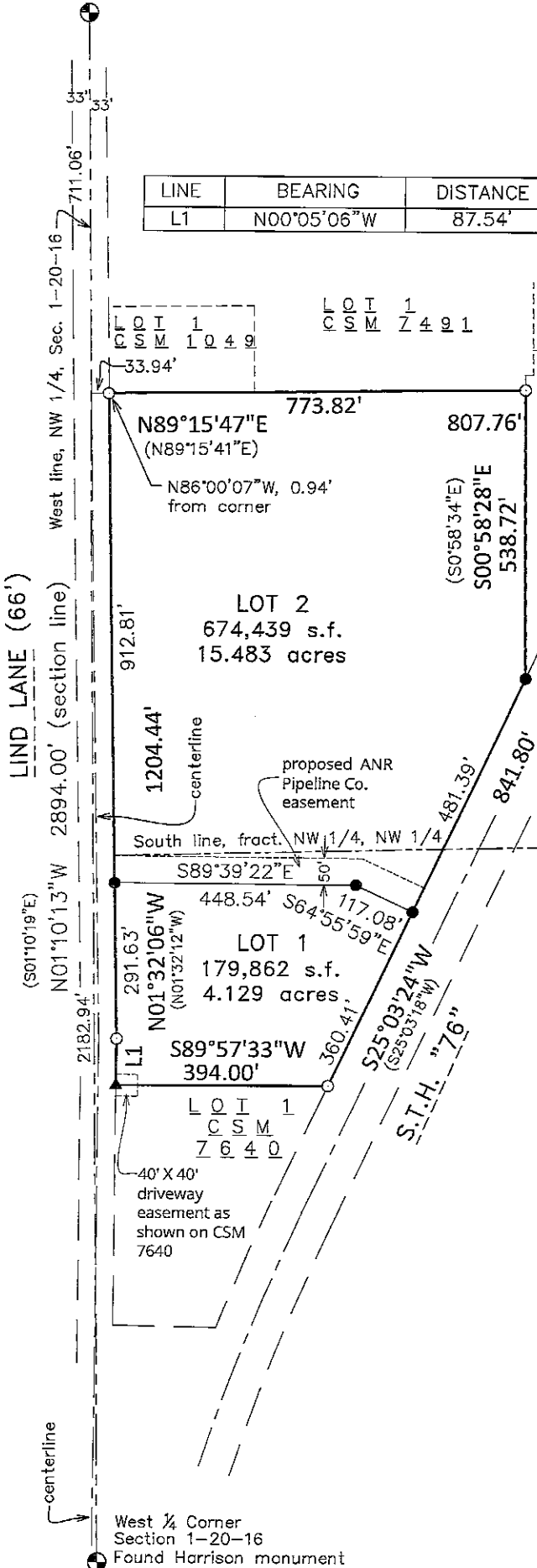
Northwest Corner
 Section 1-20-16
 Found Harrison monument

LINE	BEARING	DISTANCE
L1	N00°05'06"W	87.54'

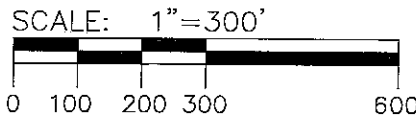
The lots created in this plat are adjacent to properties that, as of the date of this document, are being used for agricultural purposes. Some individuals believe that the activities associated with the agricultural use constitute a nuisance or conflict with the quiet enjoyment of their property. This statement is intended to provide third parties with notice that agricultural activities may exist on the adjacent properties.

The lots created in this document are located in the Special Well Casing Pipe Depth Area. The area has been established due to naturally occurring arsenic contamination problems in this area affecting many wells. Individuals who plan on drilling a well should consult with the Wisconsin Department of Natural Resources, or a drilling professional, to determine how to comply with the provisions of s. NR 812.12(3) of the Wisconsin Administrative Code.

North is referenced West line of the northwest $\frac{1}{4}$ of section 1, Township 20 north, Range 17 east which bears N01°01'13"W per the Wisconsin County Coordinate System, Winnebago County (NAD 1983/97 datum)



- LEGEND**
- = Government corner
 - = Set $\frac{3}{4}$ " x 18" iron rebar
Wt. = 1.502 lbs/lf
 - ▲ = Set Mag nail
 - = Found PK nail
 - = Found $\frac{3}{4}$ " iron rod
 - = Found 1" iron pipe (1.315" O.D.)
unless specified otherwise
 - () = Recorded as



David Hebert PLS _____ date

DRAFTED BY:

HAI *Hebert Associates, Inc.*
 Land Surveying • Soil Testing
 1110 W. Wisconsin Ave. 920-734-8373
 Appleton, WI 54914 Fax: 920-734-3968

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CERTIFIED SURVEY MAP

All of Lot 2 of Certified Survey Map 7640 being part of the fractional Northwest 1/4 of the Northwest 1/4 and part of the Southwest 1/4 of the fractional Northwest 1/4, Section 1, T20N, R16E, Town of Clayton, Winnebago County, Wisconsin

SURVEYOR'S CERTIFICATE

I, David Hebert, Professional Wisconsin Land Surveyor, do hereby certify that I have surveyed, divided and mapped all of Lot 2 of Certified Survey Map 7640 being part of the fractional Northwest 1/4 of the Northwest 1/4 and part of the Southwest 1/4 of the fractional Northwest 1/4, Section 1, T20N, R16E, Town of Clayton, Winnebago County, Wisconsin.

I further certify that the map heron is a correct representation of all of the exterior boundaries of the land surveyed and the division of that land; that I have made said division by order and under direction of the owners of said lands; and that I have fully complied with the code of ordinances of Winnebago County, Wisconsin and with Chapter 236.34 of the Wisconsin statutes in surveying, dividing and mapping the same.

David Hebert PLS

Date

NOTES

- 1. This Certified Survey Map is all of tax parcel # 00600061002
- 2. This Certified Survey Map is contained wholly within the lands described in Document # 1798161
- 3. The owners of record are Big Ring Properties LLC, Gregory P. Landwehr and Lynn A. Landwehr Living Trust, and Mill Road Real Estate Company, LLC

WINNEBAGO COUNTY PLANNING AND ZONING COMMITTEE CERTIFICATE

Pursuant to the land subdivision regulations of Winnebago County, Wisconsin, all of the requirements for approval have been fulfilled. This Certified Survey was approved by the Winnebago County Planning and Zoning Committee

on this _____ day of _____, 20____. _____
Chairman or deputy

PLAN COMMISSION APPROVAL CERTIFICATE

TOWN OF CLAYTON
WINNEBAGO COUNTY

This Certified Survey Map was approved by the Plan Commission on this _____ day of _____, 20____.

Town Planner

TOWN BOARD CERTIFICATE

TOWN OF CLAYTON
WINNEBAGO COUNTY

This Certified Survey Map was approved by the Town Board on this _____ day of _____, 20____.

Town Chairman or Deputy

Town Clerk

TREASURER'S CERTIFICATE

I hereby certify that there are no unpaid taxes or unpaid special assessments on any of the lands shown hereon.

Town Treasurer

date

County Treasurer

date

VILLAGE OF GREENVILLE APPROVAL

Approved by the Village of Greenville, Outagamie County, Wisconsin on this _____ day

of _____, 20____.

Community and Economic Development Director or designee

