

Town of Clayton

CERTIFIED SURVEY MAP REVIEW APPLICATION

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

Property Owner (s): STURGIS FAMILY IRREVOCABLE TRUST

Address/Zip: 8326 C.T.H. "T", LARSEN, WI

Phone: 715-572-3625 Fax: _____ E-Mail: pscrotech@gmail.com

Applicant: PAUL STURGIS

Check: Architect Engineer Surveyor Attorney Agent Owner

Address/City/Zip: SAME AS ABOVE

Phone: SAME AS ABOVE Fax: _____ E-Mail: SAME AS ABOVE

Describe the reason for the Certified Survey Map: CREATE LOT AROUND EXISTING BUILDINGS

Survey Specifics:

No. of Lots: 2 Total Acreage: 37 Tax Key No.: 0060565

Legal Description: PART OF THE SW 1/4-NW 1/4, SECTION 21, T20N R16E, WINNEBAGO CO, WI.

Zoning: AGRICULTURAL

Surveyor: ANDREW J. SHIE - FOX VALLEY LAND SURVEYING Registration No.: S-2504

Address/City/Zip: 4321 W. College Ave., Suite 200, Appleton, WI 54914

Phone: 920-410-3379 Fax: _____ E-Mail: andy@foxvalleylandsurveying.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: Paul Sturgis Date: 7/5/2023

For Town Use Only

(See Fee Schedule)

Fee: _____ Check #: _____ Receipt: _____ Date: _____

Date Rec'vd Complete: _____ By: _____ Applic. No.: _____

Review Meetings – Plan Comm _____ Town Board _____

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

Comments: _____

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.