

**Town of Clayton**  
**CERTIFIED SURVEY MAP REVIEW APPLICATION**

RECEIVED  
MAR 08 2024

Mail: 8348 CTR "T" – Larsen, WI 54947  
Phone – 920-836-2007 Fax – 920-836-2026  
Email – [administrator@townofclayton.net](mailto:administrator@townofclayton.net) Web Page – [www.townofclayton.net](http://www.townofclayton.net)

**Property Owner (s):** Arden and June Schroeder Joint Revocable Trust

Address/Zip: 9458 State Road 76 Neenah WI 54956

Phone: (920) 843-1616 Fax: \_\_\_\_\_ E-Mail: justin.t.schroeder@gmail.com

**Applicant:** Scott Andersen - Davel Engineering & Environmental, Inc

Check: Architect \_\_\_ Engineer \_\_\_ Surveyor X Attorney \_\_\_ Agent \_\_\_ Owner \_\_\_

Address/City/Zip: 1164 Province Terrace, Menasha WI

Phone: (920) 560 6569 Fax: \_\_\_\_\_ E-Mail: scott@davel.pro

Describe the reason for the Certified Survey Map: Land Division for Sale of Lot 1  
of the proposed CSM. Road dedication and extension required to split the existing parcel.

**Survey Specifics:**

No. of Lots: 2 Total Acreage: 1,722,974 Sq. Ft  
39.5540 Ac. Tax Key No.: 0060035; 0060033; 006120401

Legal Description: Part of the Northwest 1/4 of the Southeast 1/4 and part of the Northeast 1/4 of the Southeast 1/4  
and part of Lots 9, 10, 11, 12, 13, and Outlot 2, Westfield Place, ALL of Section 2,  
Township 20 North, Range 16 East, Town of Clayton, Winnebago County, WI Zoning: A-2 GENERAL AG

Surveyor: Scott Andersen Registration No.: S-3169

Address/City/Zip: 1164 Province Terrace, Menasha WI 54952

Phone: (920) 560 6569 Fax: \_\_\_\_\_ E-Mail: scott@davel.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.

Applicant Signature:  Date: 3/8/24

**For Town Use Only**  
**(See Fee Schedule)**

Review 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.

Received of: \_\_\_\_\_ 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.