

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 Nathan Chromy
 Street Address 2676 E. Shady Lane
 City Nearah State WI Zip Code 54956
 Phone 920-342-2270
 E-mail fballfourlife@gmail.com

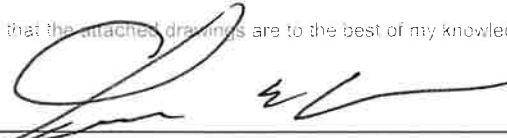
Applicant:

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: creating new buildable lot

Survey Specifics:

Number of Lots: 2 Total Acreage: 8.57 Tax Key Number: 006001801
 Legal Description: All of Lot 1 of CSM No. 4053

Surveyor: Chris Perreault
 Zoning: A2 & R-1 (Rezoning) Registration Number: 2249
 Address: 615 N. Lyndale Dr., Appleton, WI 54914
 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 _____ Today's Date 7/30/24

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.