



**Certified Survey Map Review Application  
(Submit 15 copies of Drawings)**

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

Property Owner (s): Linda Grundman  
Address/Zip: 7490 South Center Rd., Neenah, WI 54956  
Phone: 920-284-0695 Fax: \_\_\_\_\_ E-Mail: lgrundman8112@centurytel.net  
Applicant: Chris Perreault

Check: Architect  Engineer  Surveyor  Attorney  Agent   
Address/City/Zip: 615 N. Lyndale Dr., Appleton, WI 54914  
Phone: 920-731-4168 Fax: 920-731-5673 E-Mail: chris@clse.pro  
Describe the reason for the Certified Survey Map: Combining 2 existing parcels into one parcel

**Survey Specifics:**  
No. of Lots: 1 Total Acreage: 5.28 Tax Key No.: 006085301 & 00608500103  
Legal Description: Part of the SW 1/4 and the NW 1/4 Section 34  
Zoning: R-1

Surveyor: Same as applicant Registration No.: 2249  
Address/City/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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: 12/13/13

**For Town Use Only  
See Fee Schedule**

Fee: \_\_\_\_\_ Acct No: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Rec'vd Complete: \_\_\_\_\_ By: \_\_\_\_\_ Applic. No.: \_\_\_\_\_  
Review Meeting \_\_\_\_\_ History \_\_\_\_\_  
C.S.M. is: Approved \_\_\_\_\_ Approved with Condition \_\_\_\_\_ Denied \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Notes: Please notify utility companies regarding your proposed development. CSM approval does not constitute approval of a building permit or any required approval of a highway connection permit. CSM & Fee must be submitted 10 working days prior to meeting.