



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 Web Page - www.townofclayton.net

Property Owner (s): Mary Alice Fisch - Trustee of 2 Trusts

Address/Zip: 5345 Ann St., Larsen, WI 54947

Phone: 920-428-4007 Fax: _____ E-Mail: malice@boku.net

Applicant: Chris Perseault

Check: Architect Engineer Surveyor Attorney Agent

Address/City/Zip: 615 N. Lyncadale Dr., Appleton, WI 54914

Phone: 920-731-4168 Fax: 920-731-5623 E-Mail: chris@clse.pro

Describe the reason for the Certified Survey Map: Resplitting 4 parcels into 2 parcels

Survey Specifics:

No. of Lots: 2 Total Acreage: 132.9 Tax Key No.: 0060635, 0060636
0060633, 0060634

Legal Description: _____

Zoning: A-2

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: _____ Date: _____

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.