

May 9, 2024

Town of Clayton 8348 Hickory Ave Larsen, WI 54947

Re: 006-1802, Town of Clayton – Condominium Plat

Greetings:

Enclosed, please find the following materials for the Condominium Plat submittal for the above referenced property:

- 1. Condo Plat Reduced to 11x17 (5 copies)
- 2. Condo "pre-plat" Application
- 3. Review Fee \$600
- 4. Copy of Condo By-Laws
- 5. Copy of Condo Declaration

Please process the enclosed submittal accordingly for review.

Upon your review, I would appreciate any feed back in regards to the satisfaction or further requirements in order to approve this Condominium Plat. I can be reached at (920) 560-6569 or scott@davel.pro.

Sincerely, Scott Andersen

Professional Land Surveyor

Enclosures (a/s)

Cc: Jacobs Design Homes LLC

Preliminary Plat Review Application

Submit 11"x17" PDF; 1 full-sized PDF; & 1 full-sized Hard Copy

Town of Clayton Tow 8348 Hickory Ave Larsen, WI 54947 Phone: 920-836-2007 Email: administrator@ Website: https://www.t	claytonwinnebagowi.g	ον	Town of CLAYTON.WI Touch of Country
	Pro	perty Owner(s)	
Address: Jacobs Design Homes	SLLC, 5788 I-AH-M	AYTHA Road, Oshkos	sh, WIZip Code: 54901
Phone: (920) 574-5178	E-M	Mail: ben@jacobsdesi	gnhomes.com
		Applicant:	
Check: Architect: _ Name:Davel Engineering - S		Surveyor: <u>X</u> A	Agent:
Address: 1164 Province Terrace, Menasha WI			Zip Code: _54952
Phone: (920) 560-6569	E-!	Mail: <u>scott@davel.pro</u>	
		Plat Title:	
Number of Lots: <u>2 Units</u> Lot 7 of Scholar Ridge Esta Legal Description: ^{24, Township} 20 North, Ra	Total Acreag ates, being part of the Northwest nge 16 East, Town of Clayton, W	1/4 of the Northeast 1/4 of Section	Tax Key Number:0061802 Zoning:
Surveyor: Scott Andersen		Registrat	ion #:
Address: 1164 Province Terrace, Menasha WI			Zip Code:
Phone: (920) 560-6569	E-I	Mail: scott@davel.pro	
I certify that the attached drawings	are to the best of my kn	owledge complete and drav	wn in accordance with all Town of Clayton codes.
Signature		Today's Date	
For Town Use Only	Fee (see	Town Fee Schedu	[e)
Fee: C	heck #:		
Date Received Complete:	Ву		Applic. #:
Review Meeting		History	
15 Copies su	ed: ⊡Yes ⊡No nitted to County: □Yes bmitted to Town: □Yes		a Condition ⊡Denied 17" submitted: ⊡Yes ⊡No
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. Preliminary Plat & Fee must be submitted 30 working days prior to meeting.

