

Certified Survey Map (CSM) Review Application

<p>Town of Clayton Town Hall 8348 Hickory Ave Larsen, WI 54947 Phone: 920-836-2007 Email: administrator@claytonwinnebagowi.gov Website: https://www.townofclayton.net/</p>	
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Property Owner(s)

Name Arden & Dorothy Eckstein
 Street Address 133 Oak Ct.
 City Berlin State WI Zip Code 54123
 Phone 920-570-0111 - Casey - son
 E-mail eckfam39@gmail.com

Applicant:

Check: Architect: _____ Engineer: _____ Surveyor: Attorney: _____ Agent: _____ Owner: _____
 Name: Chris Perreault
 Address: 615 N. Lynndale Dr., Appleton, WI Zip Code: 54914
 Phone: 920-731-4168 E-Mail: chris@clse.pro
 Describe the reason for the CSM Review: Redividing property for sale

Survey Specifics:

Number of Lots: 2 Total Acreage: 43.25 Tax Key Number: 0060572
 Legal Description: Lot 1 CSM No. 5601
Town of Clayton
 Surveyor: Chris Perreault
 Zoning: A2 Registration Number: 2249
 Address: Same as applicant
 Phone: _____ Email: _____

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] 4/2/24
 Signature Today's Date

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.