



CITY OF SHEBOYGAN
APPLICATION FOR
CONDITIONAL USE

Fee: \$250.00

Review Date: _____

Zoning: _____

Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information

Applicant Name (Ind., Org. or Entity)	Authorized Representative	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)		

SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)

Applicant Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)		

SECTION 3: Project or Site Location

Project Address/Description	Parcel No.
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SECTION 4: Proposed Conditional Use

Name of Proposed/Existing Business:	
Existing Zoning:	
Present Use of Parcel:	
Proposed Use of Parcel:	
Present Use of Adjacent Properties:	

SECTION 5: Certification and Permission

Certification: I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this Permit Application. I certify that the information contained in this form and attachments is true and accurate. I certify that the project will be in compliance with all permit conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation and a fine and/or forfeiture under the provisions of applicable laws.

Permission: I hereby give the City permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with any resulting permit coverage.

Name of Owner/Authorized Representative (please print)	Title	Phone Number
Signature of Applicant	<u>Holly Barkus</u>	
	Date Signed	

Complete application is to be filed with the Department of City Development, 828 Center Avenue, Suite 208. To be placed on the agenda of the City Plan Commission, application must be filed three weeks prior to date of meeting – check with City Development on application submittal deadline date. Applications will not be processed if all required attachments and filing fee of \$250 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

Job Information

Description: St. Elizabeth Ann Monument Sign

Single or Double Sided: Double

Illumination: Interior Lit

Sign Width: 72.000in Sign Height: 78.000in

Material: Cut Acrylic and Monument Cabinet

Qty: 1 Print or Die-Cut: Die-Cut

Install or Customer Pick-Up: Install

Used Colors
● White
● PANTONE 6214 C
● Black
● PANTONE 288 C

Used Fonts
Arial-Regular

Customer Name: Lori Woelfel

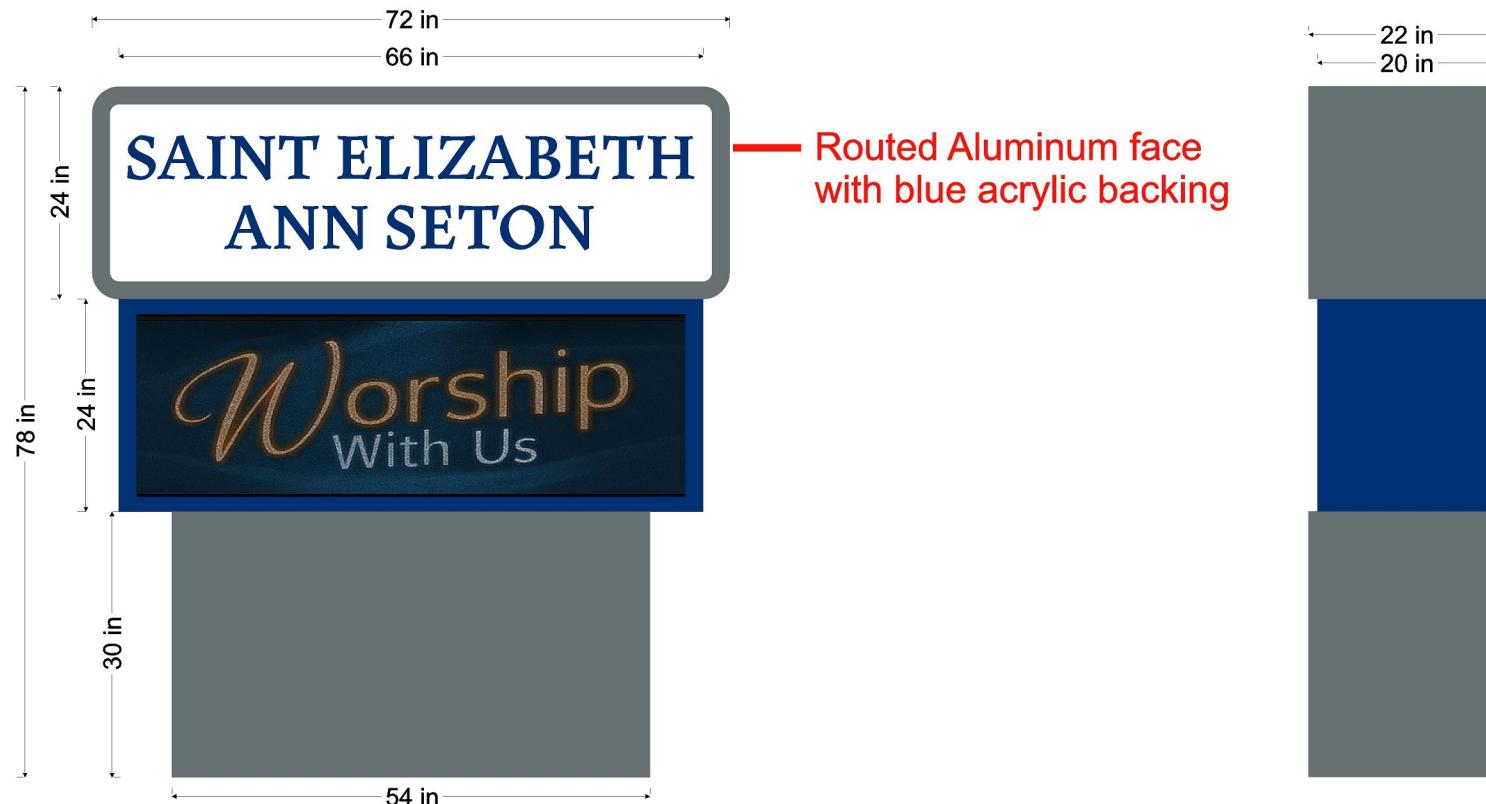
Company: Saint Ann Elizabeth Seton

Street: 814 Superior Ave.

City: Sheboygan State: WI ZIP: 53081

Phone: (920) 682-1119

Email: woelfell@sheboygannorthparishes.org



Document Information

Designer: Holly Backus

Folder Name: \\katie'scomputer\Layouts\PC2Layouts\Saint Elizabeth Ann Seton School

File Name: St Elizabeth Ann Seton - Monument Sign.fs

Current Date: 12/3/2025

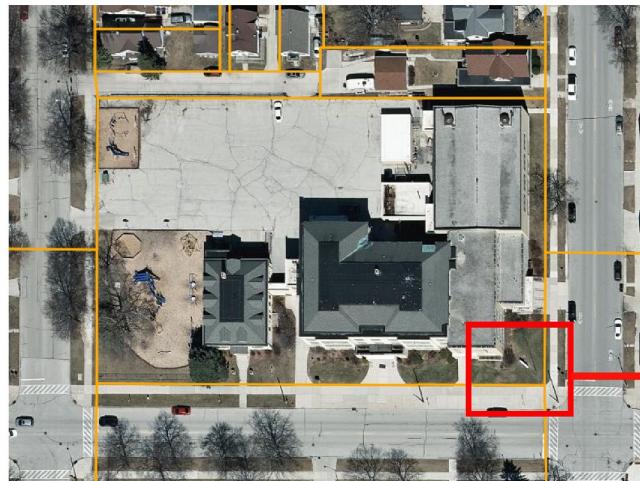
Front

Side

Scale: 0.046

Marshall
Sign
220 Young Street; Glenbeulah, WI
Phone: 920-526-3100
www.marshallsign.com

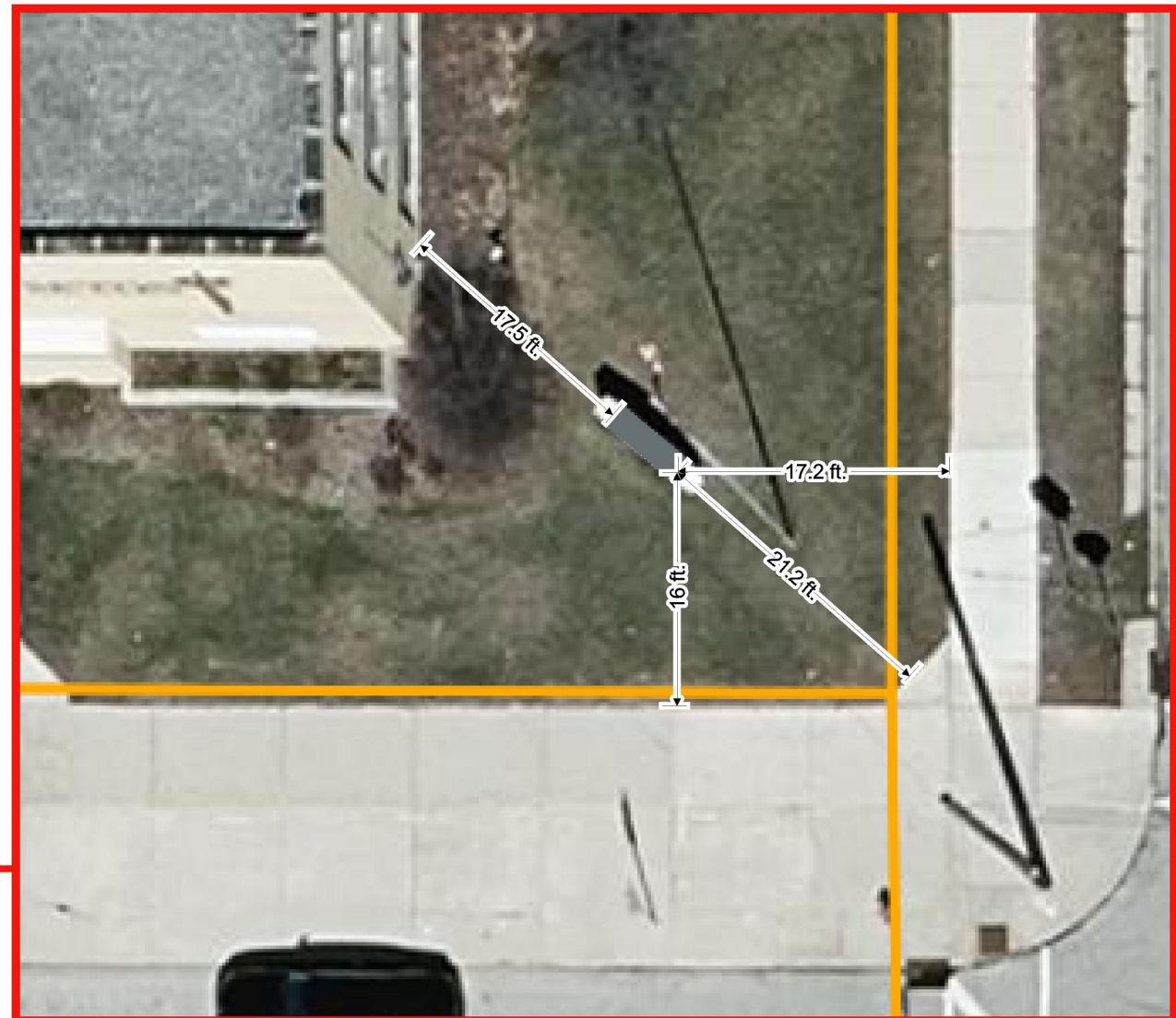
Description: Monument Sign Location



100 ft.

Designer: Holly Backus

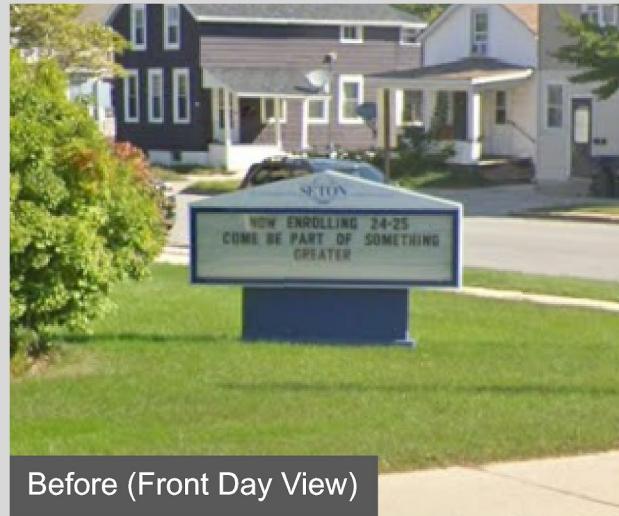
Current Date: 12/3/2025



Notes:

~~Marshall~~
Sign

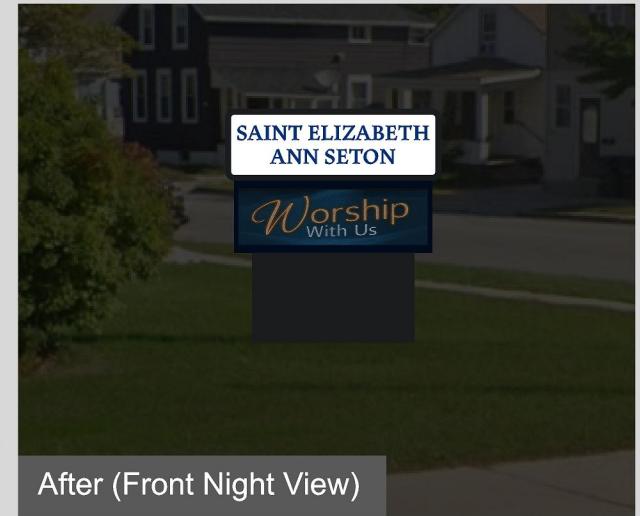
220 Young Street; Glenbeulah, WI
Phone: 920-526-3100
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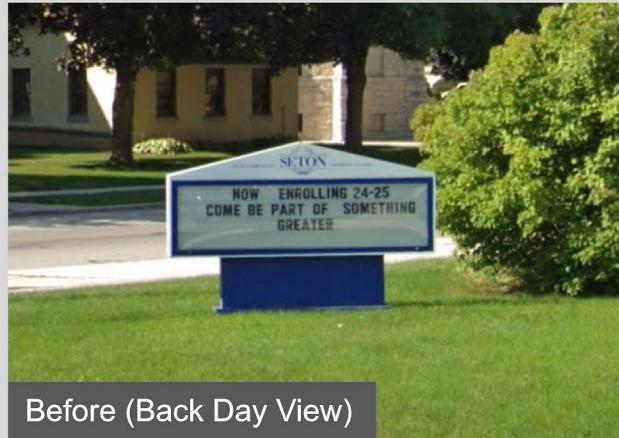
Before (Front Day View)



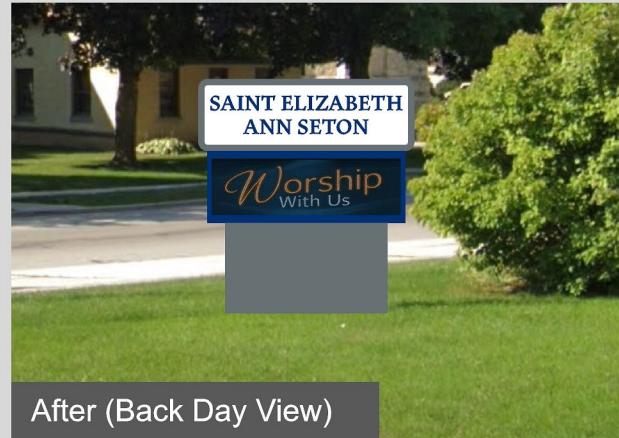
After (Front Day View)



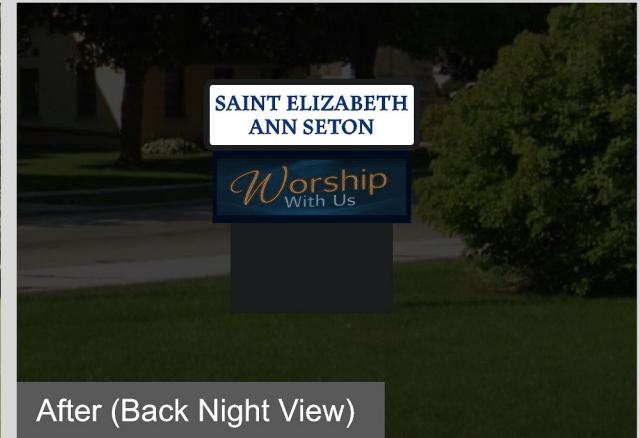
After (Front Night View)



Before (Back Day View)



After (Back Day View)



After (Back Night View)

Notes:

~~Marshall~~
Sign

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