

## **CITY OF SHEBOYGAN**

## APPLICATION FOR CONDITIONAL USE

Fee:	\$250.00
Revie	ew Date:
Zonir	ng:

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

Applicant Name (Ind., Org. or Entity) Authorized Representative  Mahling Address  City  State  21P Code  State  21P Code  State  21P Code  STOR OF LAND OF A TO FOR A MAN COM  Phone Number (Ind. area code)  SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)  Applicant Name (Ind., Org. or Entity)  Taken Representative City  State  City  State  Title  Phone Number (Ind. area code)  SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)  Applicant Name (Ind., Org. or Entity)  Taken Representative City  State  City  City  City  City  City  City  State  City  City  City  City  City	SECTION 1: Applicant/ Permittee Info	mation					
Inhibition Afrew Pour Found Jan. Kathern (apante Operations) Director Mailing Address  City  State  City  State  City  State  City  State  City  State  City  State  City  Section 2: Landowner Information (complete these fields when project site owner is different than applicant)  Applicant Name (Ind., Org. or Entity)  Contact Person  Title  Parcel No.  Title  City  State  City  S		,	entative ,	Title			
Email Address  Shelfight Ave Shelfight Phone Number (incl. area code)  SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)  Applicant Name (Incl., Org. or Entity)  Contact Person  Title  Power  State  ZIP Code  State  ZIP Code  State  Size 44  Email Address  Phone Number (Incl. area code)  720 917 5237  SECTION 3: Project or Site Location  Project Address/Description  122 File Att Unit RI-R  SECTION 4: Proposed Conditional Use  Name of Proposed/Existing Business:  Shelfigh Avea fay Theory for press  Shelfigh Avea fay Theory  Present Use of Parcel:  Present Use of Parcel:  Present Use of Parcel:  DAG DAY (Avea Training and Offices)  SECTION 5: Certification and Permission  SECTION 5: Certification and Permission  Locatification: 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)  With the project of the provision of the permits on 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)		lunc. Katali	zen Labente	Operations	Director		
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Shermal an arreadil (amal) CDM 920 - 627-6695  SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)  Applicant Name (Ind., Org. or Entity)  Taylor Receives at a Nathan Taylor State 2IP Code  No Row Zol State	2210 Sunflower Ave	Shebougar		MI	5308		
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)  Applicant Name (Ind., Org. or Entity)  Contact Person  Title  TAYLOR ROSERIES W. WATHAN TAYLOR  Mailing Address  City  State  City  State  Phone Number (incl. area code)  720 9.7 553.7  SECTION 3: Project or Site Location  Project Address/Description  122 Project Address/Description  122 Project Address/Description  Parcel No.  SECTION 4: Proposed Conditional Use  Name of Proposed/Existing Business:  Name of Proposed/Existing Business:  Present Use of Parcel:  Proposed Use of Parcel:  Proposed Use of Parcel:  Proposed Use of Parcel:  Proposed Use of Adjacent Properties:  DOA DAY CAYLOTTON 3: PROPOSED ADVINCANA HOME  Present Use of Adjacent Properties:  DOA DAY CAYLOTTON 3: CONTROL TONY  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 application, and to determine compliance with any resulting permit coverage.  Name of Owner/Authorized Representative (please print)  Title  Phone Number		10					
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Mailing Address  No Rex 261  Email Address  Phone Number (incl. area code)  Phone Number (incl. area code)  Project Address/Description  Project Address/Description  Project Address/Description  Project Address/Description  Project Address/Description  Parcel No.  Parcel No.  Parcel No.  Parcel No.  Proposed/Existing Business:  She bayaan Arra fay Throward Inc.  Present Use of Parcel:  Proposed Use of Parcel:  Proposed Use of Parcel:  Present Use of Adjacent Properties:  Doa Doy Carrette for pressentative 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	Applicant Name (Ind., Org. or Entity)	l		Title			
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Name of Proposed Conditional Use  Name of Proposed/Existing Business:  Existing Zoning:  Present Use of Parcel:  Proposed Use of Parcel:  Proposed Use of Parcel:  Present Use of Adjacent Properties:  Present Use of Adjacent Properties:  Present Use of Adjacent Properties:  DOA DAY CAYP Transpara 4 Smash roown  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  Phone Number  Phone Number  DEVATIONS  DIRPHAY 920-1027-101095		ם וס		Parcel No.			
Name of Proposed/Existing Business:  She by yaan Avra Pay The For Wart The.  Existing Zoning:  Present Use of Parcel:  Proposed Use of Parcel:  Present Use of Adjacent Properties:  Doa Day Cavel Transland and Offices  Present Use of Adjacent Properties:  Doa Day Cavel Transland and Smash room  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  Phone Number	17-7-1 (21 (22 (21 (12 (12 (12 (12 (12 (12 (1	t_ h("b					
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Present Use of Adjacent Properties:  Dog Dow Care Training 4 Smash room  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  Phone Number		WC 3	2.41.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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Name of Owner/Authorized Representative (please print)  KAHNEN LABONE OPPATIONS DIVERTOR 920-1027-101095	provisions of applicable laws.						
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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.