

## **CITY OF SHEBOYGAN**

## SIGN PERMIT APPLICATION

Fee:			
Revie	w Date:		

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

SECTION 1: Applicant/ Permittee Infor	mation						
Name (Ind., Org. or Entity)	Authorized Representative		Title				
Apollo Imaging	Virginia McFarland		Office Manager				
Mailing Address	City		State	ZIP Code			
W8627 WI-82, PO Box 200	Oxford		WI	53952			
Email Address		Phone Number (inc					
virginia@apolloimaging.org		608-408-6867					
SECTION 2: Landowner Information (co	•	s when project site o		an applicant)			
Name (Ind., Org. or Entity) Lata Marketing, LLC	Contact Person Basudev Adhi	kari	Title Owner				
Mailing Address City			State	ZIP Code			
1710 Indiana Avenue	Sheboygan		WI	53081			
Email Address missionbda@gmail.com	Phone Number (incl. area code) 920-226-1786						
SECTION 3: Description of the Proposed Sign and Use of the Subject Site							
Name of Proposed/existing business: NEW Bp gas station							
Address of property affected:2206 N 15th St., Sheboygan, WI 53083							
Use of property: Bp gas station Type of Sign: Monument style gas price sign							
Description of sign:							
A doubled sided @ 72.25 S.F. gas price monument style sign for Bp gas station							
SECTION 4: Configuration of Proposed Sign							
Height: 10' 6" on a new foundation	Width: 8' 6"		Total Square Footage: 72.25 S.F.				
Amount of public street frontage:							
Amount of exposed exterior wall length:  Setback:							
Method of Attachment:							
Method of Illumination: LED's							
Sign Materials: ACM, metal frame(s)							
Total square footage of signs on subject property – Before proposed sign:  After proposed sign:							
SECTION 5: Certification and Permission							
<b>Certification:</b> I hereby certify that I am the owner or authorized representative of the owner of the property which is							
the subject of this Sign Permit Application. I certify that the information contained in this form and attachments are							
true and accurate. I certify that the project will be in compliance with all 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. <b>Permission:</b> 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 Represent.		Title	Phone N	umber			
Virginia McFarland		Office Manage		8-6867			
Signature of Applicant	NcFarland		Date Signed 03/	31/25			
Canadata andiantian is to be filed with t	the Department of C	ity Dayalanmant 93		ita 200 If naminad			

Complete application is to be filed with the Department of City Development, 828 Center Avenue, Suite 208. If required to be placed on the agenda of the City Plan Commission or Architectural Review Board, 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 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.