

**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) KLUNCK MASONRY, LLC		Authorized Representative JIM KLUNCK		Title OWNER	
Mailing Address 2704 S 18TH STREET		City SHEBOYGAN		State WI	ZIP Code 53081
Email Address klunckmasonry@yahoo.com		Phone Number (incl. area code) 920-980-1377			
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)					
Applicant Name (Ind., Org. or Entity) KLUNCK MASONRY, LLC		Contact Person JIM KLUNCK		Title OWNER	
Mailing Address 1422 S 15TH STREET		City SHEBOYGAN		State WI	ZIP Code 53081
Email Address klunckmasonry@yahoo.com		Phone Number (incl. area code) 920-980-1377			
SECTION 3: Project or Site Location					
Project Address/Description ADDITION TO EXISTING BUILDING				Parcel No. 59281509920	
SECTION 4: Proposed Conditional Use					
Name of Proposed/Existing Business:		KLUNCK MASONRY, LLC			
Existing Zoning:		LIGHT COMMERCIAL			
Present Use of Parcel:		VACANT LAND			
Proposed Use of Parcel:		ADDITION TO BUSINESS BUILDING			
Present Use of Adjacent Properties:		BUSINESSES/RESIDENTIAL			
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) JIM KLUNCK			Title OWNER		Phone Number 920-980-1377
Signature of Applicant 				Date Signed 5-2-25	

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.