

**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) Gellings Roofing & Siding		Authorized Representative Michelle Gellings		Title V.P.	
Mailing Address 527 Ontario Ave		City Sheboygan		State WI	ZIP Code 53081
Email Address marketing@gellingsroofing.com		Phone Number (incl. area code) 920.693.2240			

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

Applicant Name (Ind., Org. or Entity) Roger Rodewald		Contact Person Roger Rodewald		Title Owner	
Mailing Address 1619 Calumet Dr		City Sheboygan		State WI	ZIP Code 53081
Email Address		Phone Number (incl. area code) 920-627-4490			

SECTION 3: Project or Site Location

Project Address/Description 1619 Calumet Dr Sheboygan WI 53081	Parcel No. 59281600850
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SECTION 4: Proposed Conditional Use

Name of Proposed/Existing Business:	MSR Realty LLC
Existing Zoning:	Urban Commercial
Present Use of Parcel:	Storage
Proposed Use of Parcel:	Retail, Office
Present Use of Adjacent Properties:	Kwik Trip, Auto Zone, J&B Ford Truck, Schultz's

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) Roger Rodewald	Title Member	Phone Number 920 627 4490
Signature of Applicant 		Date Signed 4/22/24

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.