
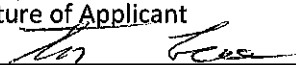


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	CITY OF SHEBOYGAN SPECIAL USE AND SITE PLAN REVIEW APPLICATION	Fee: \$100
		Review Date: _____
	Zoning: _____	

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

SECTION 1: Applicant/ Permittee Information			
Name (Ind., Org. or Entity) Kwik Trip Inc.	Authorized Representative Ted Core	Title Project manager	
Mailing Address 1626 Oak St	City La Crosse	State WI	ZIP Code 54602
Email Address tcore@kwiktrip.com	Phone Number (incl. area code) 608-793-5976		
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	City Same	State	ZIP Code
Email Address	Phone Number (incl. area code)		
SECTION 3: Architect Information			
Name River Valley Architects	Jamey Bowe		
Mailing Address 3300 Birch St.	City Eau Claire	State WI	Zip 54703
Email Address jamey@rivervalleyarchitects.com	Phone Number (incl. area code) 715-832-0875		
SECTION 4: Contractor Information			
Name Kwik Trip Inc.	(Ted Core)		
Mailing Address 1626 Oak St.	City La Crosse	State WI	Zip 54602
Email Address tcore@kwiktrip.com	Phone Number (incl. area code) 608-793-5976		
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 Site Plan Review 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.			
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) Ted Core	Title Project mgr.	Phone Number 608-793-5976	
Signature of Applicant 		Date Signed 4/17/24	

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 \$100 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

SECTION 6: Description of the Subject Site/Proposed Project

Parcel No. 59281215134

Zoning Classification SC

Name of Proposed/Existing Business:

Kwik Trip Inc.

Address of Property Affected:

625 S. Taylor Drive

New Building: ☐Addition: ☒Remodeling: ☐**SECTION 7: Brief Description of Type of Structure**

Attach 233 Sq/Ft Walk in freezer addition to existing store. Frostwall/fooder foundation, steel/metal panels with brick exterior to match, Rubber membrane roof.

SECTION 8: Description of EXISTING Operation or Use

Convenience store

SECTION 9: Description of the PROPOSED Operation or Use

Adding storage capacity for the kitchen