

	CITY OF SHEBOYGAN APPLICATION FOR CONDITIONAL USE	Fee: \$250.00 _____ Review Date: _____ Zoning: _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) PSCO Kieffer Inc.	Authorized Representative Kyle Crossett	Title Project Manager	
Mailing Address 3322 Washington Ave.	City Sheboygan	State WI	ZIP Code
Email Address [REDACTED]	Phone Number (incl. area code) [REDACTED]		
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) SACO AEI Polymers, Inc	Contact Person Lidya Araya	Title Director - Corporate Branding	
Mailing Address 3120 Crocker Ave.	City Sheboygan	State WI	ZIP Code
Email Address [REDACTED]	Phone Number (incl. area code) [REDACTED]		
SECTION 3: Project or Site Location			
Project Address/Description 1012 S 22nd Street. Sheboygan, WI 53081		Parcel No. 59281209960	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:	SACO AEI Polymers, Inc		
Existing Zoning:	UI - Urban Industrial		
Present Use of Parcel:	Manufacturing		
Proposed Use of Parcel:	Manufacturing		
Present Use of Adjacent Properties:	UI and SR-5		
SECTION 5: Certification and Permission			
<p>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.</p>			
<p>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.</p>			
Name of Owner/Authorized Representative (please print) Kyle Crossett	Title	Phone Number [REDACTED]	
Signature of Applicant <i>Kyle Crossett</i>		Date Signed 5/28/26	

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.