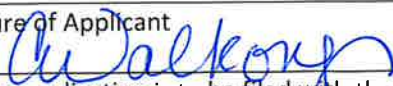


	<b>CITY OF SHEBOYGAN</b>  <b>SIGN PERMIT APPLICATION</b>	<b>Fee:</b> _____  <b>Review Date:</b> _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

<b>SECTION 1: Applicant/ Permittee Information</b>			
Name (Ind., Org. or Entity) Valley City Sign		Authorized Representative Crystal Walkons	
Title Permit Administrator			
Mailing Address 5009 West River Dr		City Comstock Park	State MI
ZIP Code 49321			
Email Address cwalkons@valleycitysign.com		Phone Number (incl. area code) 616-785-5713	
<b>SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)</b>			
Name (Ind., Org. or Entity) Tommy's Express Car Wash		Contact Person	
Title			
Mailing Address 3627 Washington Ave		City Sheboygan	State WI
ZIP Code 53081			
Email Address		Phone Number (incl. area code)	
<b>SECTION 3: Description of the Proposed Sign and Use of the Subject Site</b>			
Name of Proposed/existing business: Tommy's Express Car Wash			
Address of property affected: 3627 Washington Ave S Frontage Rd			
Use of property: Car Wash		Type of Sign: Wall	
Description of sign: (Directional) "App" on canopy above drive-thru lane			
<b>SECTION 4: Configuration of Proposed Sign</b>			
Height: 10"	Width: 45.25"	Total Square Footage: 3.14	
Amount of public street frontage: 220' on Washington Ave			
Amount of exposed exterior wall length: 35'		Setback: N/A	
Method of Attachment:			
Method of Illumination: LED internal illumination			
Sign Materials: ACM panel with plex face			
Total square footage of signs on subject property – Before proposed sign:		After proposed sign:	
<b>SECTION 5: Certification and Permission</b>			
<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 Representative (please print) Crystal Walkons		Title Permit Administrator	Phone Number 616-785-5713
Signature of Applicant 		Date Signed 6-2-23	

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.

## APPLICATION SUBMITTAL REQUIREMENTS

- a. For new development, the approved site plan for the subject property, showing the location and dimensions of all buildings, structures, signs on the subject property, property boundaries and dimensions; and the location of the proposed sign.
- b. For existing development, a site plan approved by the City Planner & Zoning Manager, showing the location and dimensions of all buildings, structures, signs on the subject property, property boundaries and dimensions; and the location of the proposed sign.
- c. A scale drawing of the proposed sign listing the height, width, total square footage, method of attachment, method of illumination, sign materials, design and appearance.
- d. The subject property's zoning classification.
- e. The total area of all signs on the subject property both before and after the installation of the proposed sign.
- f. Provide three 8.5 x 11 color renderings of proposed sign. Attach any superimposed photos, photos or drawings that may help in reviewing sign application.

## Notes

Any information submitted on the application will become public record and is not subject to confidentiality.

**Applicant is required** to obtain a Sign Permit from the Building Inspection Department, Second Floor, City Hall, 828 Center Avenue.

**Permit may be revoked** without notice if misrepresentation of any of the above information or attachments is found to exist.

**Permit shall expire** within one (1) year from date of approval unless substantial work has commenced.

**Permit is null and void** if issued in error. It is understood that any permit issued on this application will not grant any right or privilege to erect any sign or to use any permits for any purpose that is prohibited by the City Zoning Ordinance or any other State or local laws.

Office Use Only

## ACTION BY DEPARTMENT OF CITY DEVELOPMENT – SIGN PERMIT APPLICATION

APPROVED: \_\_\_\_\_ CONDITIONALLY APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

### CONDITIONS:

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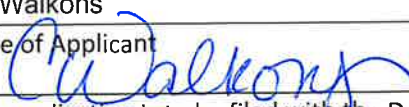
SIGNATURE: \_\_\_\_\_

Steve Sokolowski  
City Planner & Zoning Manager

DATE: \_\_\_\_\_

	<b>CITY OF SHEBOYGAN</b>  <b>SIGN PERMIT APPLICATION</b>	<b>Fee:</b> _____  <b>Review Date:</b> _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information			
Name (Ind., Org. or Entity) Valley City Sign	Authorized Representative Crystal Walkons	Title Permit Administrator	
Mailing Address 5009 West River Dr	City Comstock Park	State MI	ZIP Code 49321
Email Address cwalkons@valleycitysign.com	Phone Number (incl. area code) 616-785-5713		
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Name (Ind., Org. or Entity) Tommy's Express Car Wash	Contact Person	Title	
Mailing Address 3627 Washington Ave	City Sheboygan	State WI	ZIP Code 53081
Email Address	Phone Number (incl. area code)		
SECTION 3: Description of the Proposed Sign and Use of the Subject Site			
Name of Proposed/existing business: Tommy's Express Car Wash			
Address of property affected: 3627 Washington Ave S Frontage Rd			
Use of property: Car Wash		Type of Sign: Wall	
Description of sign: (Directional) "App" on canopy above drive-thru lane			
SECTION 4: Configuration of Proposed Sign			
Height: 10"	Width: 45.25"	Total Square Footage: 3.14	
Amount of public street frontage: 220' on Washington Ave			
Amount of exposed exterior wall length: 35'		Setback: N/A	
Method of Attachment:			
Method of Illumination: LED internal illumination			
Sign Materials: ACM panel with plex face			
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.			
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Name of Owner/Authorized Representative (please print) Crystal Walkons	Title Permit Administrator	Phone Number 616-785-5713	
Signature of Applicant 		Date Signed 6-2-23	

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- c. A scale drawing of the proposed sign listing the height, width, total square footage, method of attachment, method of illumination, sign materials, design and appearance.
- d. The subject property's zoning classification.
- e. The total area of all signs on the subject property both before and after the installation of the proposed sign.
- f. Provide three 8.5 x 11 color renderings of proposed sign. Attach any superimposed photos, photos or drawings that may help in reviewing sign application.

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Office Use Only

## ACTION BY DEPARTMENT OF CITY DEVELOPMENT – SIGN PERMIT APPLICATION

APPROVED: \_\_\_\_\_ CONDITIONALLY APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

### CONDITIONS:

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SIGNATURE: \_\_\_\_\_

Steve Sokolowski  
City Planner & Zoning Manager

DATE: \_\_\_\_\_

	<b>CITY OF SHEBOYGAN</b>  <b>SIGN PERMIT APPLICATION</b>	Fee: _____
		Review Date: _____

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Mailing Address 3627 Washington Ave	City Sheboygan	State WI	ZIP Code 53081
Email Address	Phone Number (incl. area code)		

**SECTION 3: Description of the Proposed Sign and Use of the Subject Site**

Name of Proposed/existing business: Tommy's Express Car Wash	
Address of property affected: 3627 Washington Ave S Frontage Rd	
Use of property: Car Wash	Type of Sign: Wall
Description of sign: (Directional) "Cashier" on canopy above drive-thru lane	

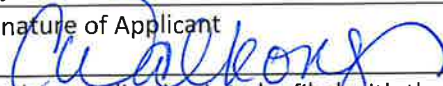
**SECTION 4: Configuration of Proposed Sign**

Height: 10.57"	Width: 64.84"	Total Square Footage: 4.76
Amount of public street frontage: 220' on Washington Ave		
Amount of exposed exterior wall length: 35'		Setback: N/A
Method of Attachment:		
Method of Illumination: LED internal illumination		
Sign Materials: ACM panel with plex face		
Total square footage of signs on subject property – Before proposed sign:		After proposed sign:

**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 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.

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Name of Owner/Authorized Representative (please print) Crystal Walkons	Title Permit Administrator	Phone Number 616-785-5713
Signature of Applicant 		Date Signed 6-2-23

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Office Use Only

## ACTION BY DEPARTMENT OF CITY DEVELOPMENT – SIGN PERMIT APPLICATION

APPROVED: \_\_\_\_\_ CONDITIONALLY APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

### CONDITIONS:

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SIGNATURE: \_\_\_\_\_

Steve Sokolowski  
City Planner & Zoning Manager

DATE: \_\_\_\_\_