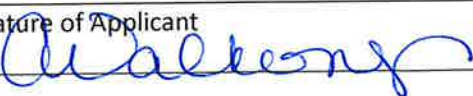


	CITY OF SHEBOYGAN	Fee: \$250.00 _____
	APPLICATION FOR CONDITIONAL USE	Review Date: _____
		Zoning: _____

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

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) 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)			
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: Project or Site Location			
Project Address/Description 3627 Washington Ave		Parcel No. 59281470507	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:		Tommy's Express Car Wash	
Existing Zoning:		SC	
Present Use of Parcel:		N/A	
Proposed Use of Parcel:		Car Wash	
Present Use of Adjacent Properties:		Retail to the East / Gas Station to the West	
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) Crystal Walkons		Title Permit Administrator	Phone Number 616-785-5713
Signature of Applicant 		Date Signed 5-15-23	

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.

Office Use Only

ACTION BY CITY PLAN COMMISSION

DATE OF MEETING: _____

APPROVED: _____

CONDITIONALLY APPROVED: _____

DENIED: _____

CONDITIONS

SIGNATURE: _____
Chairperson, City Plan Commission or
Representative Dept. of City Development

DATE: _____

NOTES

Permits are valid until such time as the business no longer operates from the site. No yearly renewal is required.

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

Permit shall expire in one (1) year from date of approval unless substantial work has commenced or business has begun operating.

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 structure or to use any permits for any purpose that is prohibited by the City Zoning Ordinance or any other State or local laws.

Changes in the plans or specifications submitted in the original application shall not be made without prior written approval of the City Plan Commission.

Summary of Conditional Use

Plan Commission
City of Sheboygan
828 Center Ave.
Sheboygan, WI 53081

Plan Commission and City Staff:

Valley City Sign is representing Tommy's Express Car Wash in their application for a Conditional Use Permit at their 3627 Washington Ave. S. Frontage Rd. location in Sheboygan. We are requesting the Conditional Use for a 7-foot-tall monument sign with an electronic message center and three additional directional wall signs to be placed on the drive-thru canopy for pay lane designation.


The monument sign will be located along Washington Ave. S. Frontage Rd. which is a highly traveled commercial corridor near the intersection of highway 28 and interstate 43. The design elements will be correlative to that of the new Car Wash building, which is consistent with the Tommy's Express Car Wash brand. With this, they would like to incorporate a 44.29" x 62.14" (19sf) full-color electronic message center into the proposed monument sign. This would offer more options to communicate products and services, and would add a more contemporary look to the sign. The electronic message center uses state-of-the-art technology that produces crisp, clean messages. This not only enhances the curb appeal, but also the safety for drivers trying to navigate and read messages.

The three wall signs would consist of illuminated channel letters placed on the drive-thru canopy to provide directional information to drivers as they enter the car wash lanes. One sign designating the "Cashier" lane measures 10.57" h x 64.84" w (4.76sf). Two additional signs designating the "App" lanes measure 10" h x 45.25" w (3.14sf each).

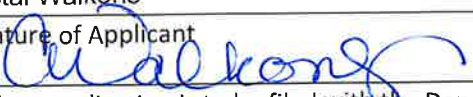
The monument sign will meet the requirements for number and square footage allowed, and the setback is in compliance with regulations for the zoning district. The electronic message center will be compliant with the City of Sheboygan zoning ordinance in regards to message duration, animation, and illumination.

Thank you,

Valley City Sign - Crystal Walkons
Phone: 616-785-5713
cwalkons@valleycitysign.com

	CITY OF SHEBOYGAN SIGN PERMIT APPLICATION	Fee: _____ Review Date: _____
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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: Monument	
Description of sign: New monument sign with electronic message center			
SECTION 4: Configuration of Proposed Sign			
Height: 87"	Width: 144"	Total Square Footage: 87sf	
Amount of public street frontage: 220' on Washington Ave			
Amount of exposed exterior wall length: N/A		Setback: 12'	
Method of Attachment: Direct bury			
Method of Illumination: LED internal illumination			
Sign Materials: Aluminum & Brick			
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. 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) Crystal Walkons	Title Permit Administrator	Phone Number 616-785-5713	
Signature of Applicant 		Date Signed 5-15-23	

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:

SIGNATURE: _____

Steve Sokolowski
City Planner & Zoning Manager

DATE: _____