

	<b>CITY OF SHEBOYGAN</b>	Fee: <u>\$250.00</u>
	<b>APPLICATION FOR</b>	Review Date: _____
	<b>CONDITIONAL USE</b>	Zoning: _____

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

<b>SECTION 1: Applicant/ Permittee Information</b>			
Applicant Name (Ind., Org. or Entity) Abacus Architects		Authorized Representative Justin Marquis	
Title Project Architect			
Mailing Address 640 N Vel R Philips	City Milwaukee	State WI	ZIP Code 53203
Email Address jmarquis@abacusarchitects.net		Phone Number (incl. area code) (920) 452-4444	
<b>SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)</b>			
Applicant Name (Ind., Org. or Entity) Pig Stop		Contact Person Jesse Waraich	
Title Owner			
Mailing Address 2917 N 15th St	City Sheboygan	State WI	ZIP Code 53083
Email Address jessingh1@gmail.com		Phone Number (incl. area code) (414) 254-2025	
<b>SECTION 3: Project or Site Location</b>			
Project Address/Description 2917 N 15th St		Parcel No. 59281719342	
<b>SECTION 4: Proposed Conditional Use</b>			
Name of Proposed/Existing Business:	Pig Stop		
Existing Zoning:	UC		
Present Use of Parcel:	Gas Station		
Proposed Use of Parcel:	Gas Station & Restaurant		
Present Use of Adjacent Properties:	Grocery Store		
<b>SECTION 5: Certification and Permission</b>			
<p><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 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><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.</p>			
Name of Owner/Authorized Representative (please print) Jesse Waraich		Title Owner	Phone Number (414)254-2025
Signature of Applicant <i>J Waraich</i>		Date Signed <i>12/4/23</i>	

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.