

**CITY OF SHEBOYGAN****APPLICATION FOR
CONDITIONAL USE**

Fee: \$250.00

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) A.C.E. Building Service, Inc.	Authorized Representative Kyle Reuter	Title PM/Estimator	
Mailing Address 3510 S. 26th St.	City Manitowoc	State WI	ZIP Code 54220
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) Torginol, LLC	Contact Person Jason LaBouve	Title President & CEO	
Mailing Address 4617 Taylor Dr.	City Sheboygan	State WI	ZIP Code 53081
Email Address [REDACTED]	Phone Number (incl. area code) [REDACTED]		

SECTION 3: Project or Site Location

Project Address/Description 3217 Behrens Pkwy, Sheboygan, WI 53081	Parcel No. 59281479085
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SECTION 4: Proposed Conditional Use

Name of Proposed/Existing Business:	Torginol, LLC
Existing Zoning:	Neighborhood Commercial
Present Use of Parcel:	Warehousing
Proposed Use of Parcel:	Warehousing
Present Use of Adjacent Properties:	Warehousing/Manufacturing

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 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.

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) Kyle Reuter	Title PM/Estimator	Phone Number [REDACTED]
Signature of Applicant		Date Signed

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.