
	CITY OF SHEBOYGAN APPLICATION FOR CONDITIONAL USE	Fee: <u>\$250.00</u> Review Date: _____
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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) KAMLESH BRAHMBHATT	Authorized Representative KAMLESH BRAHMBHATT	Title OWNER	
Mailing Address 905 ERIE AVE	City SHEBOYGAN	State WI	ZIP Code 53081
Email Address FOUNTAINPARKBP@GMAIL.COM		Phone Number (incl. area code) 920-207-8985	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) SAME AS ABOVE	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address		Phone Number (incl. area code)	
SECTION 3: Project or Site Location			
Project Address/Description 915 ERIE AVE SHEBOYGAN Adding Storage/misc Use for Restaurant		Parcel No.	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business: CURRY CORNER (KRISHNA RESTAURANT LLC)			
Existing Zoning:			
Present Use of Parcel: Restaurant			
Proposed Use of Parcel: Restaurant Use/Storage			
Present Use of Adjacent Properties: Restaurant / gas station			
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) KAMLESH BRAHMBHATT		Title OWNER	Phone Number 920-207-8985
Signature of Applicant 		Date Signed 6/30/2024	

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.