



CITY OF SHEBOYGAN
SPECIAL USE AND SITE PLAN REVIEW
APPLICATION

Fee: **\$100**

Review Date: _____

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

SECTION 1: Applicant/ Permittee Information

Name (Ind., Org. or Entity) Elite Builds	Authorized Representative Pete Schmoll	Title President	
Mailing Address 3502 Behrens Parkway	City Sheboygan	State WI	ZIP Code 53081
Email Address petes@elite-builds.com	Phone Number (incl. area code) 920-457-0923		

SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)

Name (Ind., Org. or Entity)	Contact Person Mike Koenig	Title	
Mailing Address	City Sheboygan	State WI	ZIP Code 53081
Email Address	Phone Number (incl. area code) 920-946-1914		

SECTION 3: Architect Information

Name Kueny Architects	Mailing Address 10505 Corporate Dr	City Pleasant Prairie	State WI	Zip 53158
Email Address rodrigo@kuenyarch.com	Phone Number (incl. area code) 262-857-8101			

SECTION 4: Contractor Information

Name Elite Builds	Mailing Address 3502 Behrens Parkway	City Sheboygan	State WI	Zip 53081
Email Address petes@elite-builds.com	Phone Number (incl. area code) 920-457-0923			

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 Site Plan Review 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) Pete Schmoll	Title President	Phone Number 920-619-3150
Signature of Applicant <i>Pete Schmoll</i>		Date Signed 2-4-25

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 \$100 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

SECTION 6: Description of the Subject Site/Proposed Project

Parcel No.	Zoning Classification
Name of Proposed/Existing Business:	Elite Builds
Address of Property Affected:	3502 Behrens Parkway, Sheboygan, WI 53081
New Building: <input type="checkbox"/>	Addition: <input checked="" type="checkbox"/> Remodeling: <input checked="" type="checkbox"/>

SECTION 7: Brief Description of Type of Structure

Cold Storage Building



SECTION 8: Description of EXISTING Operation or Use

Exterior Yard area for material and equipment storage

SECTION 9: Description of the PROPOSED Operation or Use

Enclosed cold storage building for material and equipment storage