

	<b>CITY OF SHEBOYGAN</b>  <b>APPLICATION FOR CONDITIONAL USE</b>	<b>Fee:</b> \$250.00 _____ <b>Review Date:</b> _____ <b>Zoning:</b> _____
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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) Wisconsin Power and Light Co	Authorized Representative Jerome Lund	Title Real Estate Consultant	
Mailing Address 4902 N Biltmore Lane	City Madison	State WI	ZIP Code 53718
Email Address jeromelund@alliantenergy.com		Phone Number (incl. area code) 608-458-6221	
<b>SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)</b>			
Applicant Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address		Phone Number (incl. area code)	
<b>SECTION 3: Project or Site Location</b>			
Project Address/Description 2214 N Taylor Drive		Parcel No. 59281631471	
<b>SECTION 4: Proposed Conditional Use</b>			
Name of Proposed/Existing Business:	Wisconsin Power and Light 32nd Street electric distribution substation		
Existing Zoning:	Suburban Residential-5 (SR-5) District		
Present Use of Parcel:	Electric distribution substation		
Proposed Use of Parcel:	Electric distribution substation		
Present Use of Adjacent Properties:	Improved Residential and School district athletic field		
<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) Jerome Lund	Title Real Estate Consultant	Phone Number 608-458-6221	
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.

**ACTION BY CITY PLAN COMMISSION**

DATE OF MEETING: \_\_\_\_\_

APPROVED: \_\_\_\_\_

CONDITIONALLY APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

**CONDITIONS**

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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 side. 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.