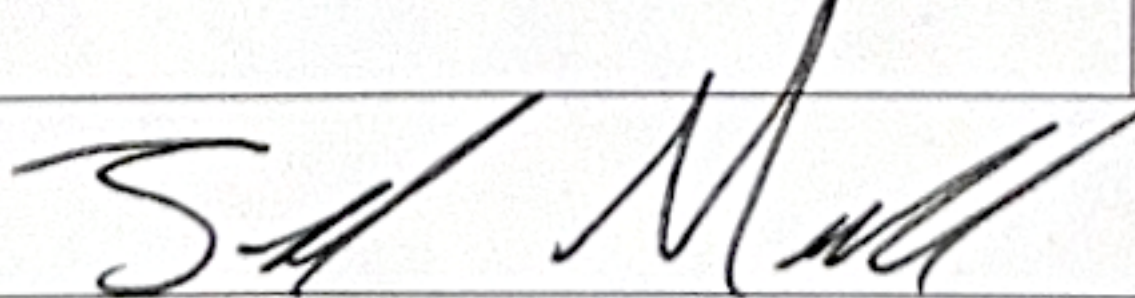
	CITY OF SHEBOYGAN SIGN PERMIT APPLICATION	Fee: _____ Review Date: _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information			
Name (Ind., Org. or Entity) Marshall Sign	Authorized Representative Jordan Marshall	Title Project Manager	
Mailing Address W6415 Oak View Lane	City Plymouth	State WI	ZIP Code 53073
Email Address marshallsignjordan@gmail.com		Phone Number (incl. area code) 920-838-4204	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Name (Ind., Org. or Entity) Kohler Credit Union	Contact Person Mark Huehns	Title Director - Facilities	
Mailing Address 831 S Taylor Drive	City Sheboygan	State WI	ZIP Code 53081
Email Address mhuehns@kohlercu.com		Phone Number (incl. area code) 920.783.2436	
SECTION 3: Description of the Proposed Sign and Use of the Subject Site			
Name of Proposed/existing business: KCU			
Address of property affected: 831 S Taylor Drive Sheboygan WI			
Use of property: Commercial		Type of Sign: LED Message Center	
Description of sign: Replacing the existing LED message center and Aluminum Sign with 1 LED message center			
SECTION 4: Configuration of Proposed Sign			
Height: 6	Width: 12	Total Square Footage: 72	
Amount of public street frontage: 1400'			
Amount of exposed exterior wall length: N/A		Setback: 70'	
Method of Attachment: Ground Pole Mount			
Method of Illumination: LED			
Sign Materials: Aluminum and LED Message Center			
Total square footage of signs on subject property – Before proposed sign: 72' After proposed sign: 72'			
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 Sign Permit 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) Jordan Marshall		Title Project Manager	Phone Number 920-838-4204
Signature of Applicant 		Date Signed 6/10/25	

Complete application is to be filed with the Department of City Development, 828 Center Avenue, Suite 208. If required to be placed on the agenda of the City Plan Commission or Architectural Review Board, 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 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.