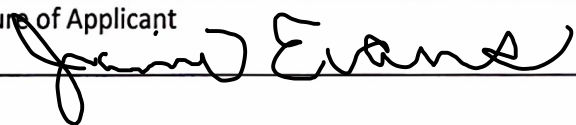
	CITY OF SHEBOYGAN	Fee: \$250.00 _____
	APPLICATION FOR CONDITIONAL USE	Review Date: _____
		Zoning: _____

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

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) CHESBROS Drive In		Authorized Representative Richard Sady	
Title Owner			
Mailing Address PO Box 188	City SHEBOYGAN	State WI	ZIP Code 53020
Email Address richsady@yahoo.com		Phone Number (incl. area code) 920 207 4888	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) Blast Soft Serve		Contact Person Jamie Evans	
Title owner			
Mailing Address 406 Pennsylv/Anna Ave	City Sheboygan	State WI	ZIP Code 53081
Email Address blastsoftserve@gmail.com		Phone Number (incl. area code) 507 456 7196	
SECTION 3: Project or Site Location			
Project Address/Description 406 Pennsylv/Anna Ave Sheboygan			Parcel No.
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:			
Existing Zoning:			
Present Use of Parcel:			
Proposed Use of Parcel:			
Present Use of Adjacent Properties:			
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) Jamie Evans		Title Owner	Phone Number 507-456-7196
Signature of Applicant 		Date Signed 1/30/24	

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.