



CITY OF SHEBOYGAN

**APPLICATION FOR
CONDITIONAL USE**

Fee: \$250.00 _____


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) American Family Insurance		Authorized Representative Abby Wilterdink	
Title Agent			
Mailing Address 605 Center Avenue		City Sheboygan	State WI
ZIP Code 53081			
Email Address AWILTER@amfam.com		Phone Number (incl. area code) 920-459-9919	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) Positive Impact Properties LLC		Contact Person	
Title			
Mailing Address 673 Valley View Drive		City Campbellsport	State WI
ZIP Code 53010			
Email Address		Phone Number (incl. area code)	
SECTION 3: Project or Site Location			
Project Address/Description 605 Center Ave, Sheboygan, WI, 53081		Parcel No. 59281110640	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:		American Family Insurance Abby Wilterdink Agency	
Existing Zoning:		Suburban Office District	
Present Use of Parcel:		Office	
Proposed Use of Parcel:		Office - SUBMITTING THIS FORM FOR EXTERIOR SIGN PLACEMENT APPROVAL ONLY	
Present Use of Adjacent Properties:		Office / Government	
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)		Title	Phone Number
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.

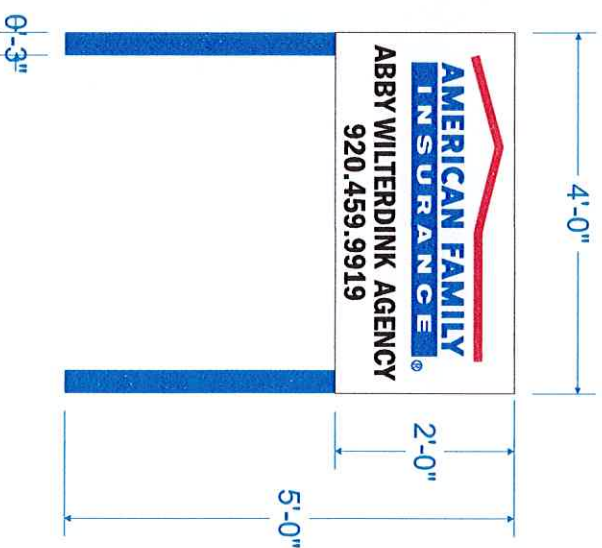
	CITY OF SHEBOYGAN SIGN PERMIT APPLICATION	Fee: _____ Review Date: _____
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ZIP Code 53010			
Email Address		Phone Number (incl. area code)	
SECTION 3: Description of the Proposed Sign and Use of the Subject Site			
Name of Proposed/existing business: American Family Insurance Abby Wilterdink Agency			
Address of property affected: 605 Center Avenue, Sheboygan, WI, 53081			
Use of property: Office		Type of Sign: Post/Panel ground sign	
Description of sign: 4' W x 2' H single-sided ACM panel, fixed to two 3"x3" posts			
SECTION 4: Configuration of Proposed Sign			
Height: sign: 2', OVR: 5' from grade		Width: 4'	Total Square Footage: 8 SF
Amount of public street frontage: N/A			
Amount of exposed exterior wall length: N/A		Setback: 60" from property line	
Method of Attachment: two posts sunk in ground, single-sided ACM panel fixed to posts with screws			
Method of Illumination: N/A			
Sign Materials: 3mm ACM panel fixed to 3"x3" aluminum posts			
Total square footage of signs on subject property – Before proposed sign: N/A		After proposed sign: 8 SF	
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)		Title	Phone Number
Signature of Applicant		Date Signed	

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ABBY WILTERDINK AGENCY BUILDING SIGNS



DESC. DIGITALLY PRINTED VINYL, UV LAMINATION, APPLIED TO 3MM ACM PANELS INSTALLED WITH 2-3" POLES, PAINTED CORPORATE BLUE PMS 293C



120 Vision Parkway
Sheboygan Falls
(920) 550-0009

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