


231966

	CITY OF SHEBOYGAN	Fee: \$250.00
	APPLICATION FOR CONDITIONAL USE	Review Date: _____
		Zoning: <u>NR</u>

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

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) <u>Gannett/Sheboygan Press</u>		Authorized Representative <u>Rob Schafman</u>	
Title <u>Senior Dist. Director</u>			
Mailing Address <u>3241 S. 20th Street</u>	City <u>West Milwaukee</u>	State <u>WI</u>	ZIP Code <u>53215</u>
Email Address <u>rschafman@gannett.com</u>		Phone Number (incl. area code) <u>414-736-8916</u>	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) <u>Dick Guske</u>		Contact Person <u>Dick Guske</u>	
Title <u>Owner</u>			
Mailing Address	City <u>Sheboygan</u>	State <u>WI</u>	ZIP Code <u>53081</u>
Email Address		Phone Number (incl. area code) <u>920-918-2461</u>	
SECTION 3: Project or Site Location			
Project Address/Description <u>1504 N. 17th Street</u>		Parcel No. <u>59281600355</u>	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:		<u>Gannett/Sheboygan Press</u>	
Existing Zoning:		<u>Residential</u>	
Present Use of Parcel:		<u>Empty</u>	
Proposed Use of Parcel:		<u>Have Sheboygan Press carriers pick up papers.</u>	
Present Use of Adjacent Properties:		<u>Empty</u>	
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) <u>Dick Guske</u>		Title <u>Owner</u>	Phone Number <u>920-918-2461</u>
Signature of Applicant <u>Rob Schafman</u>		Date Signed <u>6-14-23</u>	

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.

600355

Office Use Only

ACTION BY CITY PLAN COMMISSION

DATE OF MEETING: _____

APPROVED: _____

CONDITIONALLY APPROVED: _____

DENIED: _____

CONDITIONS

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.