

	CITY OF SHEBOYGAN	Fee: <u>\$250.00</u>
	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) Sign Me Up of Wisconsin		Authorized Representative Brian Dunton	
Title President / Chief Member			
Mailing Address 311 Forest Ave	City Sheboygan Falls	State WI	ZIP Code 53085
Email Address bdunton@signmeupofwi.com		Phone Number (incl. area code) 920-550-0009	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) St. John's United Church of Christ		Contact Person Brian Jeanty / <i>WILLIAM KNAK</i>	
Title Church President			
Mailing Address 1248 Lincoln Ave	City Sheboygan	State WI	ZIP Code 53081
Email Address		Phone Number (incl. area code) 920-452-5296	
SECTION 3: Project or Site Location			
Project Address/Description 1248 Lincoln Avenue		Parcel No.	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:		St. John's United Church of Christ	
Existing Zoning:			
Present Use of Parcel:		Church	
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) Brian Dunton - Sign Me Up representing St. John's UCC		Title President	Phone Number 920-550-0009
Signature of Applicant <i>Brian Dunton</i>		Date Signed <i>6-20-2023</i>	

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.