

	CITY OF SHEBOYGAN SPECIAL USE AND SITE PLAN REVIEW APPLICATION	Fee: <u>\$100</u> Review Date: _____
---	---	---

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

SECTION 1: Applicant/ Permittee Information			
Name (Ind., Org. or Entity) The Mighty Three Stripes, LLC	Authorized Representative Matt Zingsheim	Title Vice President of Finance	
Mailing Address 1420 S 16th St	City Sheboygan	State WI	ZIP Code 53081
Email Address [REDACTED]		Phone Number (incl. area code) [REDACTED]	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address		Phone Number (incl. area code)	
SECTION 3: Architect Information			
Name Gries Design - Brannin Gries			
Mailing Address 500 North Commercial St	City Neenah	State WI	Zip 54956
Email Address [REDACTED]		Phone Number (incl. area code) [REDACTED]	
SECTION 4: Contractor Information			
Name Keller, Inc - Logan Ferrie			
Mailing Address PO Box 620	City Kaukauna	State WI	Zip 54130
Email Address [REDACTED]		Phone Number (incl. area code) [REDACTED]	
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 Site Plan Review 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) Matt Zingsheim		Title Vice President Finance	Phone Number [REDACTED]
Signature of Applicant Signed by: <i>Matt Zingsheim</i>		Date Signed 7/28/2026	

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 \$100 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

SECTION 6: Description of the Subject Site/Proposed Project	
Parcel No. 4337 County Rd A, Sheboygan, WI 53081	Zoning Classification Suburban Industrial District
Name of Proposed/Existing Business:	Northland Plastics
Address of Property Affected:	4337 County Rd A, Sheboygan, WI 53081
New Building: ☐	Addition: ☐ Remodeling: ☐

SECTION 7: Brief Description of Type of Structure
Proposed new building with associated site improvements. See site plans for additional information.

SECTION 8: Description of EXISTING Operation or Use
Current existing lot is vacant agricultural farmland.

SECTION 9: Description of the PROPOSED Operation or Use
Custom plastics manufacturing