

CITY OF SHEBOYGAN

APPLICATION FOR CONDITIONAL USE

Fee:	\$250.00					
Review Date:						
Zonir	ng:					

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

SECTION 1: Applicant/ Permittee Information								
Applicant Name (Ind., Org. or Entity) Authorized Repres A.C.E. Building Service, Inc. Eric Augustine		entative	Title Estimator/Project Manager					
Mailing Address 3510 S. 26th Street	City Manitowoc		State WI		ZIP Code 54220			
Email Address eaugustine@acebuildingservice.com	Phone Number (incl. area code) 920-682-6105							
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)								
Applicant Name (Ind., Org. or Entity) Contact Person Bob Lischka			Title Senior Manager - Supply Chain					
Mailing Address 1828 Oakland Ave	City Sheboygan		State WI		ZIP Code 53081			
Email Address blischka@htt-inc.com	Phone Number (incl. area code) 920-453-5370							
SECTION 3: Project or Site Location								
Project Address/Description 1828 Oakland Ave., Sheboygan, WI 53081		Parcel No. 59281425440						
SECTION 4: Proposed Conditional Use								
Name of Proposed/Existing Business: HTT, Inc.								
Existing Zoning:								
Present Use of Parcel: Industrial		All the state of t						
Proposed Use of Parcel:	Industrial	Industrial						
Present Use of Adjacent Properties:	Industrial							
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 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.								
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 Represent Eric Augustine	Title Estimator/Project M	anager	Phone N 920-682					
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.

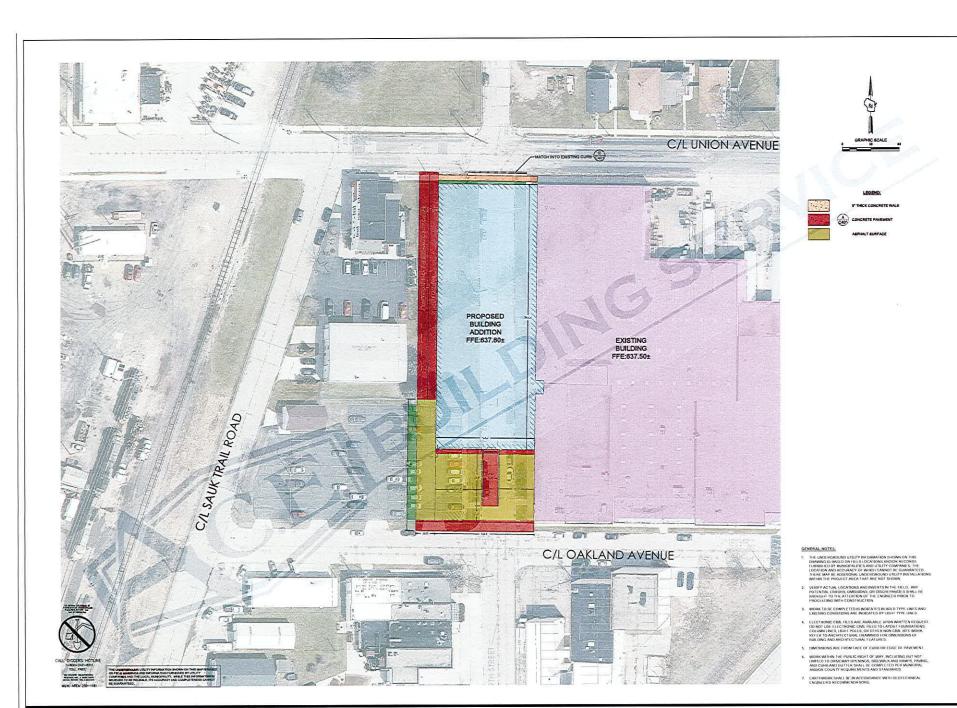
FACILITY EXPANSION HTT, Inc.

DECEMBER 21, 2023









CE BUILDING SERVICE

HTT WEST EXPANSION

THIS PLAN AND ICIEAS EXPRESSED HERE-IN ARE THE PROPERTY OF A.C.E. RUBLING SERVICE, INC. THISS PLANS SHALL NOT BE SHARED BY VISUAL MEANS OR REPRODUCED WITHOUT THE CONSENT OF A.C.E. BUILDING SERVICE, INC.

1828 OAKLAND AVE SHEBOYGAN, WI 53081

A.C.E. JOH NO.

DATE: 12/13/2023

DRAWN BY: AKK

SCALE: 1"~30"

C100



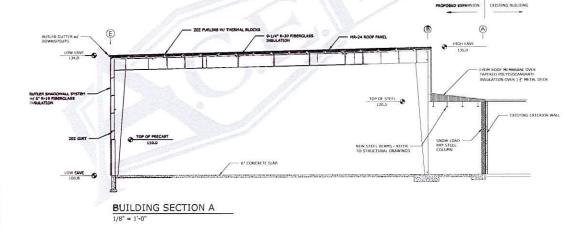


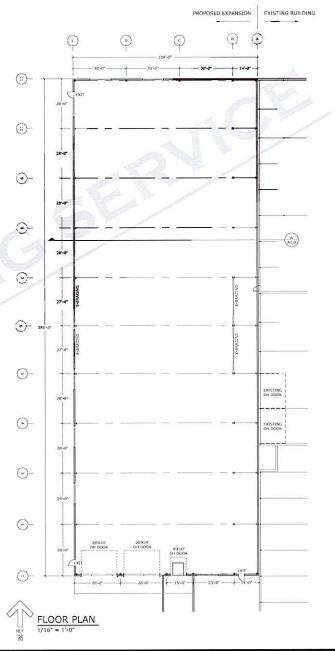












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ACE BUILDING SERVICE

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PROPOSED EXPANSION ITTING.
1828 OACLAND AVE.
SHEBDYGAN, WI 53081

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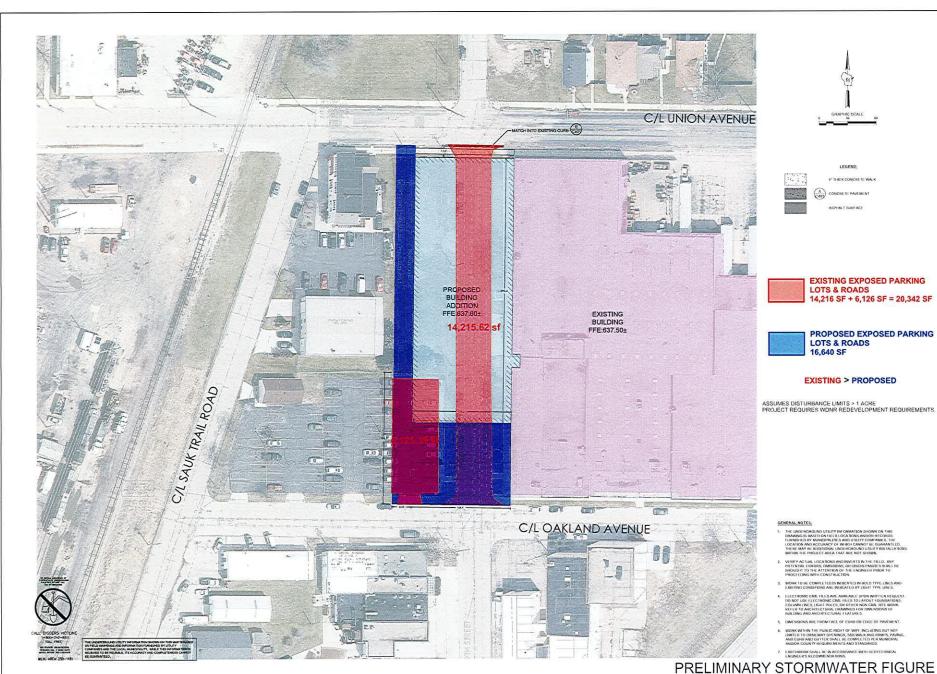
A.C.E. JOB NO. 301/23

DATE: 17/19/202

DRAWN BY: KOR

SCALE: SEE SPREE

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CE BUILDING SERVICE

HTT WEST EXPANSION

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EXPRESSED HERE-IN AND
THE PROPERTY OF A.C.E.
BUILDING SERVICE, INC.
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THE CONSENT OF A.C.E.
BUILDING SERVICE, INC.

DATE: 12/13/2023 DRAWN BY: AKK

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