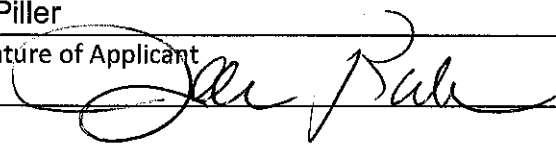
	CITY OF SHEBOYGAN	Fee: \$250.00
	APPLICATION FOR	Review Date: _____
	CONDITIONAL USE	Zoning: UC

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

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) JB Site Design and Engineering, LLC		Authorized Representative Joseph Bronoski	
Title Owner			
Mailing Address PO Box 1067	City Woodruff	State WI	ZIP Code 54568
Email Address jbsitedesign1@gmail.com		Phone Number (incl. area code) (920) 207-8977	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) Bret's 24-Hour Towing & Auto Repair		Contact Person Jeff Piller	
Title Owner			
Mailing Address 2233 S. Business Drive	City Sheboygan	State WI	ZIP Code 53081
Email Address jeff.allcity@yahoo.com		Phone Number (incl. area code) (920) 347-4407	
SECTION 3: Project or Site Location			
Project Address/Description 2223 South Business Drive		Parcel No. 59281416410	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:	Pho VN Vietnamese restaurant		
Existing Zoning:	UC - Urban Commercial		
Present Use of Parcel:	Pho VN Vietnamese restaurant		
Proposed Use of Parcel:	New indoor vehicle repair building for Bret's Towing		
Present Use of Adjacent Properties:	Bret's Towing		
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) Jeff Piller		Title Owner	Phone Number (920) 347-4407
Signature of Applicant 		Date Signed 12/18/2023	

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.