

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

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

<b>SECTION 1: Applicant/ Permittee Information</b>			
Applicant Name (Ind., Org. or Entity) A.C.E. Building Service, Inc.		Authorized Representative Eric Augustine	
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	
<b>SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)</b>			
Applicant Name (Ind., Org. or Entity) HTT, Inc.		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	
<b>SECTION 3: Project or Site Location</b>			
Project Address/Description 1828 Oakland Ave., Sheboygan, WI 53081		Parcel No. 59281425440	
<b>SECTION 4: Proposed Conditional Use</b>			
Name of Proposed/Existing Business:		HTT, Inc.	
Existing Zoning:		Urban Industrial (UI)	
Present Use of Parcel:		Industrial	
Proposed Use of Parcel:		Industrial	
Present Use of Adjacent Properties:		Industrial	
<b>SECTION 5: Certification and Permission</b>			
<b>Certification:</b> 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.			
<b>Permission:</b> 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) Eric Augustine		Title Estimator/Project Manager	Phone Number 920-682-6105
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.