

	<b>CITY OF SHEBOYGAN</b>  <b>APPLICATION FOR CONDITIONAL USE</b>	<b>Fee:</b> \$250.00 _____ <b>Review Date:</b> _____ <b>Zoning:</b> _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information			
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	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
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	
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:	Urban Industrial (UI)		
Present Use of Parcel:	Industrial		
Proposed Use of Parcel:	Industrial		
Present Use of Adjacent Properties:	Industrial		
SECTION 5: Certification and Permission			
<p><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.</p>			
<p><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.</p>			
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.