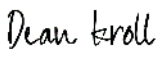
	CITY OF SHEBOYGAN APPLICATION FOR CONDITIONAL USE	Fee: \$250.00 Review Date: _____ Zoning: _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) NORR, LLC	Authorized Representative Terri Douglas	Title Project Manager	
Mailing Address 150 West Jefferson Avenue	City Detroit	State MI	ZIP Code 48226
Email Address terri.douglas@norr.com	Phone Number (incl. area code) 3130324 3105		
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) <small>St Nicholas Hospital of the Hospital Sisters of the 3rd Order of St Francis</small>	Contact Person	Title Member	
Mailing Address 3100 Superior Ave	City Sheboygan	State WI	ZIP Code 53081
Email Address	Phone Number (incl. area code) 414-840-6667		
SECTION 3: Project or Site Location			
Project Address/Description S. Business Drive and Washington Avenue (South 3107 S. Business Drive)		Parcel No.	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:	Proposed: Crash Champions / Existing: Vacant		
Existing Zoning:	(SC) Suburban Commercial District		
Present Use of Parcel:	Vacant		
Proposed Use of Parcel:	Collision Repair Service (In-Vehicle Service)		
Present Use of Adjacent Properties:	N: Vacant, E: Vacant, S: Restaurant (Culver's), W: Vacant		
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 Representative (please print) Dean Kroll	Title System VP Facilities	Phone Number	
Signature of Applicant	Date Signed 8/5/2025		
Signed by:  <small>99DE1D14810B44F...</small>			

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.