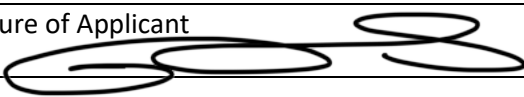
	CITY OF SHEBOYGAN APPLICATION FOR CONDITIONAL USE	Fee: \$250.00 _____ Review Date: _____ Zoning: _____
---	--	---

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

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) Adam Hertel		Authorized Representative	
Mailing Address 3350 S. River Road		City West Bend	Title Architect
Email Address adam@teamaag.net		State WI	ZIP Code 53095
		Phone Number (incl. area code) (262) 334-3811	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) Dean Sulok		Contact Person	
Mailing Address 2795 E. Washington Street		City West Bend	Title Owner
Email Address sulokoilco@charter.net		State WI	ZIP Code 53095
		Phone Number (incl. area code)	
SECTION 3: Project or Site Location			
Project Address/Description 3107 S. Business Drive			Parcel No. 59281431139
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:		Valvoline Instant Oil Change	
Existing Zoning:		Urban Commercial District	
Present Use of Parcel:		Vacant	
Proposed Use of Parcel:		Valvoline Instant Oil Change	
Present Use of Adjacent Properties:		South - Fast Food Restaurant, North - Car Rental & Adult Day Care	
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 Sulok		Title Owner	Phone Number
Signature of Applicant 		Date Signed 8.19.25	

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.