



TWO RIVERS
WISCONSIN

LAND DEVELOPMENT APPLICATION

APPLICANT NICHOLAS L. STANGEL TELEPHONE 920-207-7103

MAILING ADDRESS 3315 PARKWAY BLVD. TWO RIVERS WI 54241
(Street) (City) (State) (Zip)

PROPERTY OWNER NICHOLAS L. STANGEL TELEPHONE 920-207-7103

MAILING ADDRESS 3315 PARKWAY BLVD. TWO RIVERS WI 54241
(Street) (City) (State) (Zip)

REQUEST FOR:

- | | | | |
|--------------------------|----------------------------------|-------------------------------------|---------------------------|
| <input type="checkbox"/> | Comprehensive Plan Amendment | <input checked="" type="checkbox"/> | Conditional Use |
| <input type="checkbox"/> | Site/Architectural Plan Approval | <input type="checkbox"/> | Annexation Request |
| <input type="checkbox"/> | Subdivision Plat or CSM Review | <input type="checkbox"/> | Variance/Board of Appeals |
| <input type="checkbox"/> | Zoning District Change | <input type="checkbox"/> | Other |

STATUS OF APPLICANT: Owner Agent Buyer Other

PROJECT LOCATION _____ TYPE OF STRUCTURE _____

PRESENT ZONING _____ REQUESTED ZONING _____

PROPOSED LAND USE _____

PARCEL # _____ ACREAGE _____

LEGAL DESCRIPTION _____

NOTE: Attach a one-page written description of your proposal or request.

The undersigned certifies that he/she has familiarized himself/herself with the state and local codes and procedures pertaining to this application. The undersigned further hereby certifies that the information contained in this application is true and correct.

Signed [Signature] Date 01/15/25
(Property Owner)

Fee Required

- \$ 350 Comprehensive Plan Amendment
- \$ t/b/d Site/Architectural Plan Approval (Listed in Sec 1-2-1)
- \$ t/b/d CSM Review (\$10 lot/\$30 min)
- Subdivision Plat (fee to be determined)
- \$ 350 Zoning District Change
- \$ 350 Conditional Use
- \$ t/b/d Annexation Request (State Processing Fees Apply)
- \$ 350 Variance/Board of Appeals
- \$ t/b/d Other

Schedule

- Application Submittal Date _____
- Date Fee(s) Paid _____
- Plan(s) Submittal Date _____
- Plan Comm Appearance _____

\$ _____ TOTAL FEE PAID APPLICATION, PLANS & FEE RECEIVED BY _____

I AM CONTACTING YOU REGARDING THE PERMIT FOR STANGEL'S TREE SERVICE TO OPERATE IN TWO RIVERS. WHILE OUR HOME IS AT 3315 PARKWAY BLVD, TWO RIVERS ALL EQUIPMENT IS STORED AT MY MANITOWOC PROPERTY, 1216 WASHINGTON ST. MANITOWOC,

OCCASIONALLY, MY WORK TRUCK AND TRAILER ARE PARKED OVERNIGHT ON THE STREET WHEN I RETURN HOME, BUT ONLY UNTIL I LEAVE THE NEXT MORNING. IF NECESSARY, WE CAN KEEP ALL EQUIPMENT OFF CITY STREETS BY STORING IT IN MANITOWOC.

WE HOPE TO CONTINUE SERVING CUSTOMERS IN TWO RIVERS AND APPRECIATE YOUR UNDERSTANDING.

THANK YOU
NICK STANGEL 2/13/26

I am forwarding you the list of actions required for Mr. Stangel to complete.

It's very cut and dry - either Mr. Stangel obtains an approved Conditional Use Permit or he can no longer conduct business operations at his home. The following list are his immediate actions:

- Cease all operations, this includes vehicle traffic, parking, loading, storage, etc.
- Submit a completed application for a Conditional Use Permit to operate a home business (This includes the application form, written narrative, site plan, and fees).
- Attend the Plan Commission - will make recommendation to City Council
- Attend the City Council - CUP will either be approved or denied.

Please let me know if you have any questions or need any additional information.

HOME OCCUPATION APPLICATION

Applicant NICHOLAS STANGEL Phone (920) 207-7103

Address 3315 PARKWAY BLVD. TWO RIVERS, WI 54241

Mailing Address (if applicable) SAME

Property Owner NICK STANGEL Phone 920-207-7103

Address 3315 PARKWAY BLVD. TWO RIVERS, WI 54241

Business Name STANGEL'S HANDYMAN SERVICE LLC (DBA) STANGEL'S TREE SERVICE.

Nature of Business TREE REMOVAL, STUMP REMOVAL, TREE TRIMMING

Days/hours of operation 7am - 7pm

Number of client visits to the premises per day/week NONE

Number of deliveries/pick-ups to the premises per day/week NONE

Number of employees

Resident family members 3

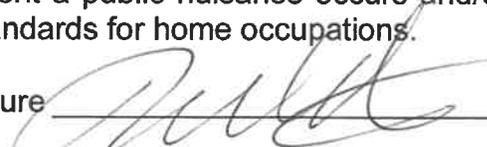
Non-family members 4

Location/area devoted to home occupation

Dwelling/Square feet _____

Accessory Structure/Square feet _____

I agree to conduct my business in compliance with the City of Two Rivers ordinance regulating home occupations. The City reserves the right to request the home occupation cease in the event a public nuisance occurs and/or the business expands beyond the performance standards for home occupations.

Applicant Signature 

Property Owner Signature _____

ATTACH ALL REQUIRED APPLICATION MATERIALS

CITY OF MANITOWOC TREASURER
 900 QUAY ST
 MANITOWOC, WI 54220

**MANITOWOC COUNTY - STATE OF WISCONSIN
 PROPERTY TAX BILL FOR 2025
 REAL ESTATE**

STANGELS HANDYMAN SERVICE LLC



**Parcel Number: 000243180
 Bill Number: 133816**

Important: Be sure this description covers your property. Note that this description is for tax bill only and may not be a full legal description. See reverse side for important information.

133816/000243180
 STANGELS HANDYMAN SERVICE L

Location of Property/Legal Description

3315 PARKWAY BLVD
 TWO RIVERS WI 54241

WASHINGTON ST
 Sec. 30, T19N, R24E
 LOT 18 & EAST 10' OF LOT 19 BLK 243 ORIGINAL PLAT
 0.193 ACRES

Please inform treasurer of address changes.

| ASSESSED VALUE LAND 42,000 | ASSESSED VALUE IMPROVEMENTS 0 | TOTAL ASSESSED VALUE 42,000 | AVERAGE ASSMT. RATIO 0.984607940 | NET ASSESSED VALUE RATE 0.01535385 <small>(Does NOT reflect credits)</small> | NET PROPERTY TAX 644.86 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|--------------------------------|---------------------|--|--|--------------|--------------|--------------|------------------|-----------|-----------|------|--------|--|-------------------|-----------|-----------|------|--------|--|--------------------|------------|------------|------|--------|--|------------------------|-----------|-----------|------|-------|--|--------------|-------------------|-------------------|-------------|---------------|-------------|
| ESTIMATED FAIR MARKET VALUE LAND 42,700 | ESTIMATED FAIR MARKET VALUE IMPROVEMENTS 0 | TOTAL ESTIMATED FAIR MARKET VALUE 42,700 | <input type="checkbox"/> A star in this box means unpaid prior year taxes. | School taxes also reduced by school levy tax credit 46.56 | Snow Removal 140.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>TAXING JURISDICTION</th> <th>2024 EST. STATE AIDS ALLOCATED TAX DIST.</th> <th>2025 EST. STATE AIDS ALLOCATED TAX DIST.</th> <th>2024 NET TAX</th> <th>2025 NET TAX</th> <th>% TAX CHANGE</th> </tr> </thead> <tbody> <tr> <td>MANITOWOC COUNTY</td> <td>2,994,496</td> <td>3,146,686</td> <td>0.00</td> <td>141.87</td> <td></td> </tr> <tr> <td>CITY OF MANITOWOC</td> <td>9,735,401</td> <td>9,920,887</td> <td>0.00</td> <td>249.07</td> <td></td> </tr> <tr> <td>SCH D OF MANITOWOC</td> <td>38,643,080</td> <td>39,441,998</td> <td>0.00</td> <td>232.36</td> <td></td> </tr> <tr> <td>LAKESHORE TECH COLLEGE</td> <td>2,271,635</td> <td>2,272,209</td> <td>0.00</td> <td>21.56</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>53,644,612</td> <td>54,781,780</td> <td>0.00</td> <td>644.86</td> <td>0.0%</td> </tr> </tbody> </table> | | | | | | TAXING JURISDICTION | 2024 EST. STATE AIDS ALLOCATED TAX DIST. | 2025 EST. STATE AIDS ALLOCATED TAX DIST. | 2024 NET TAX | 2025 NET TAX | % TAX CHANGE | MANITOWOC COUNTY | 2,994,496 | 3,146,686 | 0.00 | 141.87 | | CITY OF MANITOWOC | 9,735,401 | 9,920,887 | 0.00 | 249.07 | | SCH D OF MANITOWOC | 38,643,080 | 39,441,998 | 0.00 | 232.36 | | LAKESHORE TECH COLLEGE | 2,271,635 | 2,272,209 | 0.00 | 21.56 | | TOTAL | 53,644,612 | 54,781,780 | 0.00 | 644.86 | 0.0% |
| TAXING JURISDICTION | 2024 EST. STATE AIDS ALLOCATED TAX DIST. | 2025 EST. STATE AIDS ALLOCATED TAX DIST. | 2024 NET TAX | 2025 NET TAX | % TAX CHANGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MANITOWOC COUNTY | 2,994,496 | 3,146,686 | 0.00 | 141.87 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY OF MANITOWOC | 9,735,401 | 9,920,887 | 0.00 | 249.07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LAKESHORE TECH COLLEGE | 2,271,635 | 2,272,209 | 0.00 | 21.56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 53,644,612 | 54,781,780 | 0.00 | 644.86 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST DOLLAR CREDIT | | | 0.00 | 0.00 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOTTERY AND GAMING CREDIT | | | 0.00 | 0.00 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NET PROPERTY TAX | | | 0.00 | 644.86 | 0.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TOTAL DUE: \$784.86
 FOR FULL PAYMENT, PAY TO LOCAL TREASURER BY:
JANUARY 31, 2026
 Warning: If not paid by due dates, installment option is lost and total tax is delinquent subject to interest and, if applicable, penalty.
 Failure to pay on time. See reverse.

FOR INFORMATION PURPOSES ONLY - Voter Approved Temporary Tax Increases

| Taxing Jurisdiction | Total Additional Taxes | Total Additional Taxes Applied to Property | Year Increase Ends | Taxing Jurisdiction | Total Additional Taxes | Total Additional Taxes Applied to Property | Year Increase Ends |
|---------------------|------------------------|--|--------------------|---------------------|------------------------|--|--------------------|
| SCH D OF MANITOWOC | 595,482 | 6.83 | 2047 | | | | |
| SCH D OF MANITOWOC | 7,132,800 | 81.76 | 2028 | | | | |

| | | | | | | | |
|--|----------------------|--|----------|--|----------|--|----------|
| PAY IN FULL: or 1ST INSTALLMENT: BY JANUARY 31, 2026 | \$784.86 \$301.86 | 2ND INSTALLMENT: BY MARCH 31, 2026 | \$161.00 | 3RD INSTALLMENT: BY MAY 31, 2026 | \$161.00 | 4TH INSTALLMENT: BY JULY 31, 2026 | \$161.00 |
| AMOUNT ENCLOSED | | AMOUNT ENCLOSED | | AMOUNT ENCLOSED | | AMOUNT ENCLOSED | |
| MAKE CHECK PAYABLE AND MAIL TO: | | MAKE CHECK PAYABLE AND MAIL TO: | | MAKE CHECK PAYABLE AND MAIL TO: | | MAKE CHECK PAYABLE AND MAIL TO: | |
| CITY OF MANITOWOC TREASURER 900 QUAY ST MANITOWOC, WI 54220 | | CITY OF MANITOWOC TREASURER 900 QUAY ST MANITOWOC, WI 54220 | | CITY OF MANITOWOC TREASURER 900 QUAY ST MANITOWOC, WI 54220 | | CITY OF MANITOWOC TREASURER 900 QUAY ST MANITOWOC, WI 54220 | |
| PIN# 000243180 STANGELS HANDYMAN SERVICE LLC BILL NUMBER: 133816 | | PIN# 000243180 STANGELS HANDYMAN SERVICE LLC BILL NUMBER: 133816 | | PIN# 000243180 STANGELS HANDYMAN SERVICE LLC BILL NUMBER: 133816 | | PIN# 000243180 STANGELS HANDYMAN SERVICE LLC BILL NUMBER: 133816 | |



INCLUDE STUB WITH YOUR PAYMENT



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