

CONDITIONAL USE
PERMIT
City of Two Rivers

Document Number

Permit No. 2023: 9-18

Before the City Council of the City of Two Rivers, Manitowoc County, Wisconsin, regarding the premises at corner of 12th Street and Monroe Street in the City of Two Rivers, Manitowoc County, State of Wisconsin, further described as:

ORIG PLAT LOT 7 BLK 90

Inspections Department
City of Two Rivers
PO Box 87
Two Rivers, WI 54241-0087

Parcel ID Numbers:053-000-090-070.06

Zoning Classification of the Premises is: Industrial District / Conditional Use for Flea Market Sales. Mailing Address of the owner is: Dean Jacobs, 4216 Columbus Street, Two Rivers, WI 54241

WHEREAS, the Zoning Code and Zoning District Map of the above named municipality, pursuant to State Statute, state that the premises may not be used for the purpose hereinafter described but that upon petition such use may be approved by the municipality as a Conditional Use in particular circumstances as defined by the standards in the Zoning Ordinance; and

Petition therefore having been made, and public hearing held thereon, and the City Council of the City of Two Rivers having determined that by reason of the particular nature, character and circumstances of the proposed use, and of the specific and contemporary conditions, permit of such use upon the terms and conditions hereinafter prescribed would be consistent with the requirements of the Zoning Ordinance.

Now, therefore, it is permitted, subject to compliance with the terms and conditions hereinafter stated, that the Premises may be used for the purpose of the operation of an automobile service establishment.

Permitted by action of the City Council of the City of Two Rivers on September 18, 2023.

Original filed in the office of the City Clerk of the City of Two Rivers, Wisconsin

The Conditions of this Permit are:

1. This Permit shall become effective upon the execution and recording by the Owner of the Premises as acceptance hereof.
2. This Permit shall be void unless proper application, pursuant to the Building and Zoning Codes of this Municipality, for appropriate Building and Zoning Use Permits in conformity to this Permit, is made within twelve (12) months of the date hereof.
3. This Permit is subject to amendment and termination in accordance with the provisions of the Zoning Code of this Municipality.
4. Operation of the use permitted shall be in strict conformity with the Home Occupation provisions filed in connection with the Petition for this Permit. These plans are referenced herein.
5. Construction and operation of the use permitted shall be in strict conformity with the approved Site and Architectural Plans and such plans are incorporated herein by reference as if set forth in detail herein.
5. Any substantial change or expansion of the facilities permitted by the initial issuance of this Permit would require approval by the Plan Commission and City Council as an amendment to this Permit.
6. This Permit is specifically issued to Dean Jacobs and shall lapse upon a change in ownership or tenancy of

the subject premises, or if the land uses ceases operation for more than 12 months.

7. Conditions of Operations:

- a. Hours of operation: 9AM - 7PM, when flea markets occur.
- b. Any signage shall be in accord with the City's Sign Code for flea market sales that are held. .

SIGNATURES OF PROPERTY OWNER(S) AND PERMITEE(S):

As Owner and Permit Holder of the Subject Property, I accept and understand the above described conditions.

Printed Name: Dean Jacobs, owner of property 12th Street and Monroe Street, Two Rivers, WI 54241

STATE OF WISCONSIN

MANITOWOC COUNTY

Personally came before me this _____ day of _____, 2023, the above named Dean Jacobs known to be the person who executed the foregoing instrument and acknowledge the same.

STATE OF WISCONSIN

MANITOWOC COUNTY

Personally came before me this _____ day of _____, 2023, the above named Dean Jacobs known to be the person who executed the foregoing instrument and acknowledge the same.

Printed Name: Amanda Baryenbruch

Notary Public, Manitowoc County, Wisconsin
My commission expires: _____

SIGNATURES - CITY OF TWO RIVERS

Amanda Baryenbruch, City Clerk

Adam Wachowski, Council President

STATE OF WISCONSIN

MANITOWOC COUNTY

Personally came before me this _____ day of _____, 2023, the above named Amanda Baryenbruch and Adam Wachowski known to be the persons who executed the foregoing instrument and acknowledge the same.

Printed Name: _____

Notary Public, Manitowoc County, Wisconsin
My commission expires: _____

THIS INSTRUMENT WAS DRAFTED BY:
Elizabeth Runge, Community Development Director



**TWO
RIVERS**
WISCONSIN

LAND DEVELOPMENT APPLICATION

APPLICANT Dean Jacobs TELEPHONE 920-323-7010

MAILING ADDRESS 4216 Columbus St. Two Rivers WI 5424
(Street) (City) (State) (Zip)

PROPERTY OWNER Dean Jacobs TELEPHONE _____

MAILING ADDRESS 4216 Columbus St Two Rivers
(Street) (City) (State) (Zip)

REQUEST FOR:

<input type="checkbox"/>	Comprehensive Plan Amendment	<input checked="" type="checkbox"/>	Conditional Use
<input checked="" 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 12th Monroe St TYPE OF STRUCTURE Warehouse

PRESENT ZONING I1 REQUESTED ZONING _____

PROPOSED LAND USE I1

PARCEL # 053-000-090-070.06 ACREAGE 0.209

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 Dean Jacobs (Property Owner) Date 07-31-23

Fee Required

Schedule

\$ 350	Comprehensive Plan Amendment	Application Submittal Date	_____
\$ t/b/d	Site/Architectural Plan Approval (Listed in Sec 1-2-1)	Date Fee(s) Paid	_____
\$ t/b/d	CSM Review (\$10 lot/\$30 min)	Plan(s) Submittal Date	_____
	Subdivision Plat (fee to be determined)	Plan Comm Appearance	_____
\$ 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		

\$ 200 TOTAL FEE PAID APPLICATION, PLANS & FEE RECEIVED BY _____

Manitowoc County Parcel Viewer

