Jeannette Merten · Clerk Town of Oshkosh Chic Received \$ 450. - postal stemp or

Conditional Use Permit Application Made myself a copy at fown hall C-100 Conditional Use Town of Oshkosh Check or Money Order payable to Town of Oshkosh Fee: \$450.00 receipt # _____ ID Number _____ (Please print using black ink for duplication purposes) A. 1.) PROPERTY OWNER: Name: Loren's Auto Recycling LLC Mailing Address: 3000 Oregon Street, Oshkosh, WI 54902 Phone: 920-426-5097 Cell: 920-379-5890 Email: i41truck@yahoo.com Permission is hereby granted for appropriate Town Staff to enter upon the property for the placement and removal of hearing notice sign, and conducting inspections prior to hearing. Said permission is to remain in force until the conclusion of the Public Hearing and is binding upon all heirs and assigns. Signature: ____ 2.) APPLICANT INFORMATION (If different than owner): Name: Lorenz L Rangeloff Mailing Address: 3000 Oregon Street Phone: 920-426-5097 Cell: 920-379-5890 Email: i41truck@yahoo.com **B. PROPERTY INFORMATION:** 1.) Tax Key/Parcel #: 010601 and 0140 2.) Lot _____ Block ____ or CSM# ____ Section _____ Town ____ North _ ___ Range ___ East Acres ____ 3.) Location of Property: 3111 Algoma Blvd and Algoma Blvd Zoning Proposed: M-2 4.) Zoning (Existing): M-2 5.) Use (Existing): Auto and Truck Repair and sales and towing Use (Proposed): Additional use of outside storage of wrecked, junked and disabled vehicles within fenced in area 6.) Existing Sewer: Septic Mound Holding Tank Municipal or Needed 7.) Proposed site plan included: C. EXPLANATION: 1.) CONDITIONAL USE REQUESTED: Additional use of outside storage of wrecked, junked and disabled vehicles within fenced in area

2.)	Additional use of outside storage of wrecked, junked and disabled vehicles within fenced in area
3.)	DESCRIBE THE HARDSHIP(S) THAT WOULD RESULT IF THE CONDITIONAL USE PERMIT IS NOT GRANTED:
	This is a permitted use with this zoning under the current zoning and it is needed for the current towing and repair business
4.)	DESCRIBE HOW THE PROPOSED USE WILL NOT HAVE ADVERSE EFFECTS OF SURROUNDING PROPERTY:
	No adjacent residential
	All industrial property surronding
	Truck terminal with unfenced outside storage to the north, across the street is towing and storage business
SIGNED:	earing will be set upon the receipt of this application and payment, whereas the applicant will cessary information to the Town Zoning Administrator for processing of this application. I ACCEPT THESE TERMS AND HEREBY SUBMIT THE APPLICATION FOR APPROVAL: DATE: 10-27-21
	cation Received by Zoning Administrator:
	Received by Leannette Merten 10-28-2021

MOTOR VEHICLE DEALER TWO YEAR LICENSE APPLICATION (continued)

Wisconsin Department of Transportation

MV218

First time dealer applicant or application for amended license because of business relocation or ownership change.

Proper local officials must sign below, BEFORE submitting this application. All applicants complete Section A. If business is located in a township, complete both Sections A and B.

Attention Zoning Authorities: The requirements for a retail motor vehicle dealer are as follows:

- 1. A permanent building, not a residence, tent, or temporary stand.
- 2. An office within the building.
- 3. A minimum 12 x 20 foot area accessible for automobile display, repair and preparation within the building.
- 4. A repair shop on the premise or a service agreement with a nearby repair shop.
- 5. An outdoor vehicle display lot for at least one vehicle adjacent to the building or all vehicles kept indoors.
- 6. An exterior sign with business name as it will appear on the license certificate and any other name used to do business under. The lettering of the sign must be a minimum of 4 inches high, unless smaller dimensions are required by local zoning or sign ordinance.

7. A sign posted on or adjacent to the entrance door describing business hours. **SECTION A** Legal Business Name Auto Body and Sal orenis City State ZIP Code **Business Address** 1. Operation of this dealer business at the location(s) stated above is in accordance with local zoning, building code and permit requirements. Municipality Print Name X (Signature) (Official Title) (Date - m/d/yyyy) A local permit or license is required and has been issued. 2. Check only ONE and sign below: A local permit or license is not required. Municipality Print Name X (Official Title) (Signature) (Date - m/d/yyyy) **SECTION B** Legal Business Name State ZIP Code **Business Address** PO Box City County Zoning Approval - Required only if business is located in a township. Operation of this dealer business at the location(s) stated above is in accordance with local zoning regulation. County Print Name Х (Date - m/d/yyyy) (Signature) (Official Title) If business address above does not include a specific street number, furnish directions to your business location, including highway numbers or letters and distances.



