



## Application for Conditional Use Review

Applicant Name: Michaels Signs Inc.

Address: 3914 S. Memorial Dr City: Racine

State: WI Zip: 53403

Telephone: 262-554-6066 Cell Phone: \_\_\_\_\_

Email: rosie@michaelsigns.com

Agent Name: Rosie Olle

Address: same as applicant City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Property Address (Es): 2430 Lathrop Ave

Current Zoning: B-2

Current/Most Recent Property Use: business (heating and cooling company)

Proposed Use: same





The application will be evaluated using the standards of Sec. 114-154 of the Municipal Code (below). Please use the space to justify and explain how your proposal addresses these conditions; use an additional sheet if necessary.

- (1) The establishment, maintenance, or operation of the conditional use will not be detrimental to, or endanger, the public health, safety, morals, comfort, or general welfare;
- (2) \_\_\_\_\_  
The conditional use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted, nor substantially diminish and impair property values within the neighborhood;
- (3) \_\_\_\_\_  
The establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district;
- (4) \_\_\_\_\_  
Adequate utilities, access roads, drainage and/or necessary facilities have been or are being provided;
- (5) \_\_\_\_\_  
Adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets;  
SIGN WILL BE SET OUTSIDE OF THE SETBACK TO HELP WITH FLOW OF TRAFFIC FROM THE DRIVEWAY.
- (6) \_\_\_\_\_  
The proposed conditional use is not contrary to the objectives of the current land use plan for the city; and
- (7) \_\_\_\_\_  
The conditional use shall, in all other respects, conform to the applicable regulations of the district in which it is located, except as such regulations may, in each instance, be modified pursuant to the recommendations of the plan commission.





If the required supplemental materials, which constitute a completed application, are not submitted, the application will not be processed.

**Required Submittal Format**

1. An electronic submission via email/USB drive/CD/Download link; and
2. One (1) paper copy, no larger than 11” x 17” size.

Required Submittal Item	Applicant Submitted	City Received
1. Conditional Use Review Application		
2. Written description of project, including: <ol style="list-style-type: none"> <li>a. Hours of operation</li> <li>b. Anticipated delivery schedule</li> <li>c. Maintenance plan</li> <li>d. General use of the building and lot</li> </ol>	<input type="checkbox"/>	
3. Site Plan (drawn to scale), including: <ol style="list-style-type: none"> <li>a. Fully dimensioned property boundary</li> <li>b. All buildings (existing and proposed)</li> <li>c. Setbacks from property lines</li> <li>d. Identification as to whether all elements are “Existing” or “Proposed”</li> <li>e. Dimensioned parking spaces and drive aisle layout</li> <li>f. Trash enclosure location and materials</li> <li>g. Loading spaces</li> <li>h. Fire hydrant locations</li> <li>i. Location of signage, with setbacks</li> </ol>	<input type="checkbox"/>	
4. Zoning Analysis Table <ol style="list-style-type: none"> <li>a. Land area (in acres and square feet)</li> <li>b. Building area (in square feet)</li> <li>c. Setbacks (required yards in feet)</li> <li>d. Floor Area Ratio (building area divided by lot area)</li> <li>e. Lot Coverage (building footprint divided by lot area)</li> <li>f. Height of all buildings and structures</li> <li>g. Percentage of greenspace (landscaped areas divided by lot area)</li> <li>h. Parking spaces</li> </ol>	<input type="checkbox"/>	
5. Landscape Plan <ol style="list-style-type: none"> <li>a. Bufferyards</li> <li>b. Parking Areas</li> <li>c. Screening and fencing locations</li> <li>d. Plant lists including the following: Latin and Common Names, Number of each planting material, and Size at planting.</li> </ol>	<input type="checkbox"/>	





**DEPARTMENT OF  
CITY DEVELOPMENT**



Required Submittal Item	Applicant Submitted	City Received
6. Lighting Plan a. Location of light fixtures b. A cut sheet of light fixtures with indication of cut-offs or shielding c. Illumination diagram indicating intensity of lighting on the property.	<input type="checkbox"/>	
7. Floor Plan a. Preliminary floor plan layout of all buildings/structures b. Labels for the type of use of the area c. Labels for square footage of the area	<input type="checkbox"/>	
8. Engineering Plan a. Stormwater Plan (Drainage pattern, flow, detention) b. Existing and proposed roadway and access configurations c. Cross access	<input type="checkbox"/>	
9. Signage Plan a. dimensioned color elevations of signage b. A diagram showing the location of the proposed signage	<input checked="" type="checkbox"/>	
10. Building/site elevations (if new building or exterior changes planned) a. Building elevations showing all four sides of the buildings in color b. Elevation of trash enclosure area	<input type="checkbox"/>	
11. Building Material Samples (if making exterior changes)	<input type="checkbox"/>	
12. Review Fee	<input checked="" type="checkbox"/>	

**Acknowledgement and authorization signatures**

A conditional use is not like a building permit; applying does not mean it will be approved.

The approval may contain conditions related to the improvement of the site which must be met prior to the issuance of a building occupancy permit. Conditions related to the operational aspect(s) of the business must be complied with at all times. That, in the event site improvement work required by ordinance cannot be completed prior to desired occupancy, a financial assurance, at 100% of the improvement estimate, guaranteeing completion of the required improvements must be placed on file with the City of Racine. Estimates and Assurance documents are subject to the review and final approval by the City. Improvements may include but are not limited to landscaping, fencing, lighting, pavement surfacing and sealing, dumpster enclosures, and exterior building improvements;

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application.

Owner Signature (acknowledgement and authorization):

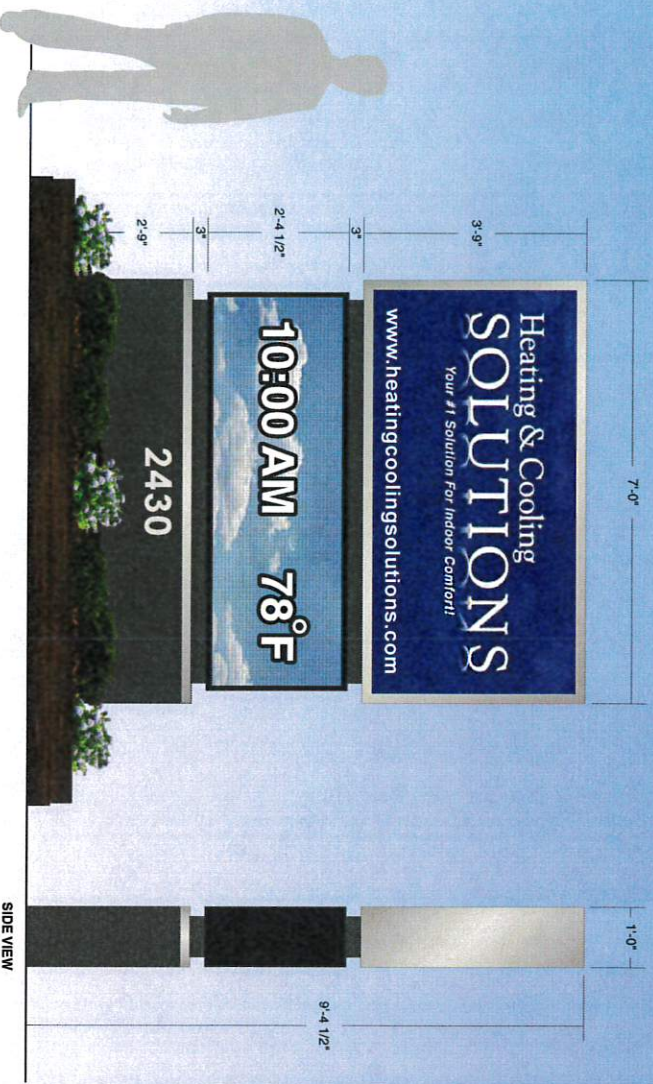
Date: 8/14/20

Applicant Signature (acknowledgement):

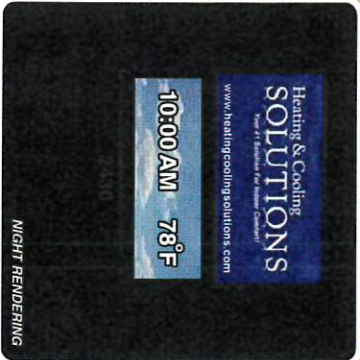
*Bob All*

Date: 8.17.20

**MONUMENT SIGN**



SIDE VIEW

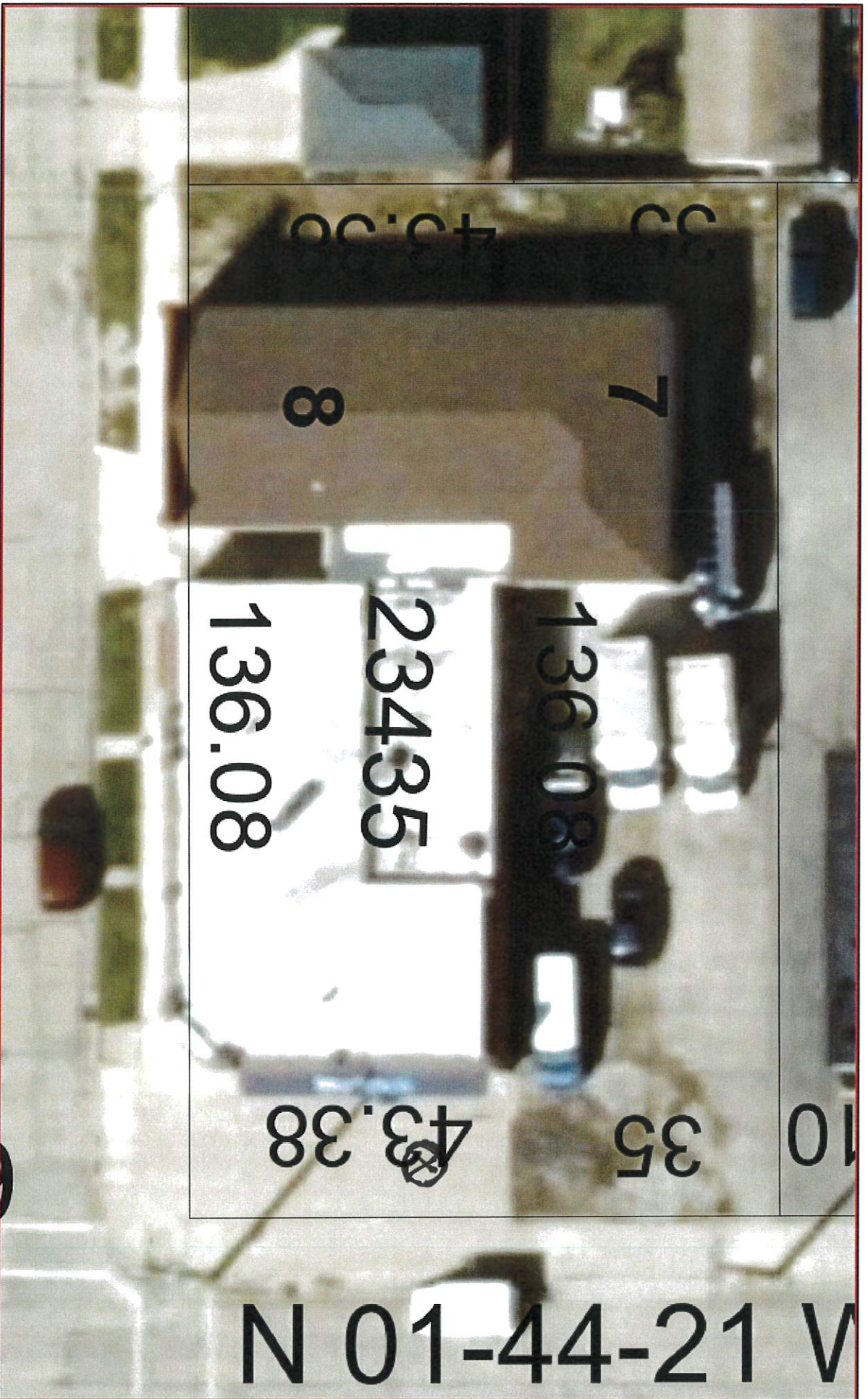


HEATING & COOLING SOLUTIONS / MONUMENT SIGN  
 ONE (1) DOUBLE SIDED, INTERNALLY ILLUMINATED MONUMENT SIGN  
 WITH FABRICATED ALUMINUM SIGN CABINET W/ MAP PAINTED FINISH  
 WITH SIGN CABINET INTERNALLY PAINTED DARK GRAY/PHICS  
 SIGN INTERNALLY ILLUMINATED W/ WHITE LEDS  
 28.5" X 29" FULL COLOR EMC.

<b>Michael's Sign</b> <i>"The Finest of Your Imagination"</i>		Client: HEATING & COOLING SOLUTIONS		Date: 1-30-20	REVISION	Illustration: <input type="checkbox"/> MAP <input checked="" type="checkbox"/> LED	<input type="checkbox"/> FULL COLOR <input checked="" type="checkbox"/> BLACK & WHITE	Quantity: 1	Point Colors (Use Key): <input type="checkbox"/> PMS COOL GRAY 11C <input type="checkbox"/> MAP BRUSHED ALUMINUM	Vinyl Film Colors (Use Key): <input type="checkbox"/> DIGITALLY PRINTED <input type="checkbox"/> 3M SILVER MET.	Client Signature: _____ Date: _____
Address: 2430 LATHROP AVE		City/State: RACINE, WI 53405		Drawing #: 6(1) PERMIT	8-11-20	Electrical Requirements: <input type="checkbox"/> 120V <input type="checkbox"/> 240V					NOTICE: Michael's Sign, Inc. does NOT provide primary electrical to sign location - RESPONSIBILITY OF OTHERS The ideas and designs contained in this original and unpublished drawing are the sole property of Michael's Sign, Inc. and MAY NOT BE USED OR REPRODUCED in whole or in part without written permission.
Sales Rep: STEPHEN PROCHASKA		Designer: KD		Sheet: 1 of 1		Sign Specifications: NOTED ABOVE					
Toll Free: (800) 554-9110		P.H. (262) 554-5555									

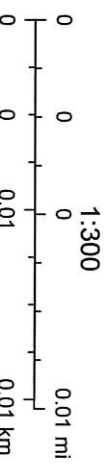
NOTE: DUE TO THE PHYSICAL LIMITATIONS OF THE PAPER AND INK INVOLVED IN THIS PRINTING PROCESS, THIS CUSTOM ARTWORK IS NOT INTENDED TO PROVIDE AN EXACT MATCH TO THE ACTUAL, FINISHED PAINTED PRODUCT.

ArcGIS WebMap



August 13, 2020

Tax Parcels 2015 Spring Aerial  
Red: Band\_1 Green: Band\_2  
Blue: Band\_3



Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, Geobase, IGN, Kadaster NL, Ordnance Survey, Esri