



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) Abacus Architects, Inc.		Authorized Representative Joel VanEss	
Title Principal			
Mailing Address 1135A Michigan Avenue		City Sheboygan	State WI
		ZIP Code 53081	
Email Address jvaness@abacusarchitects.net		Phone Number (incl. area code) (920)452-4444	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) Sheboygan Christian School		Contact Person Ann Steenwyk	
Title Director of Education and Instruction			
Mailing Address 929 Greenfield Avenue		City Sheboygan	State WI
		ZIP Code 53081	
Email Address ann.steenwyk@sheboyganchristian.com		Phone Number (incl. area code) (920) 458-9981	
SECTION 3: Project or Site Location			
Project Address/Description 929 Greenfield Avenue			Parcel No. 59281321763
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:	Sheboygan Christian School		
Existing Zoning:	SR-5		
Present Use of Parcel:	School		
Proposed Use of Parcel:	School		
Present Use of Adjacent Properties:	Residential		
SECTION 5: Certification and Permission			
<p>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.</p>			
<p>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.</p>			
Name of Owner/Authorized Representative (please print) Ann Steenwyk		Title Director of Education and Instruction	Phone Number (920) 458-9981
Signature of Applicant 		Date Signed 3/19/24	

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.