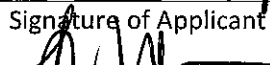
	CITY OF SHEBOYGAN SPECIAL USE AND SITE PLAN REVIEW APPLICATION	Fee: \$100 Review Date: _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information			
Name (Ind., Org. or Entity) Lauren Hydock		Authorized Representative Lauren Hydock	
Title OWNER			
Mailing Address 333 Phillip Dr	City Kohler	State WI	Zip Code 53044
Email Address laurenhydock@gmail.com		Phone Number (incl. area code) 773-503 10888	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Name (Ind., Org. or Entity) Christopher Kidd		Contact Person Christopher Kidd	
Title OWNER			
Mailing Address 15380 Kata Dr	City Elm Grove	State WI	Zip Code 53122
Email Address C.kidd@ckrae.com		Phone Number (incl. area code) 414-217 4227	
SECTION 3: Architect Information			
Name 			
Mailing Address	City	State	Zip
Email Address		Phone Number (incl. area code)	
SECTION 4: Contractor Information			
Name 			
Mailing Address	City	State	Zip
Email Address		Phone Number (incl. area code)	
SECTION 5: Certification and Permission			
Certification: I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this Site Plan Review Application. I certify that the information contained in this form and attachments are true and accurate. I certify that the project will be in compliance with all 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.			
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.			
Name of Owner/Authorized Representative (please print) Christopher Kidd		Title owner	Phone Number 414 217 4227
Signature of Applicant 		Date Signed 5/28/25	

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 \$100 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

SECTION 6: Description of the Subject Site/Proposed Project

Parcel No.	Zoning Classification	
Name of Proposed/Existing Business:		
Address of Property Affected:	729 NEW YORK AVE 53081	
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Brief Description of Type of Structure

Rental unit
900 sq feet.

SECTION 8: Description of EXISTING Operation or Use

Split Endz - Hair Salon
729 New York Ave 53081

SECTION 9: Description of the PROPOSED Operation or Use

expansion of existing business located within the same shared building space. State; where physical + social wellness meet plans to expand + offer a 2nd studio space, continuing existing classes that have been offered since October 2024. They include strength, kickboxing, chair, and mat classes. 8 employees. Currently 120 members.