

	CITY OF SHEBOYGAN	Fee: \$250.00
	APPLICATION FOR	Review Date: _____
	CONDITIONAL USE	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) Sheboygan Area Pay It Forward Inc.		Authorized Representative Kathleen Labonte	
Mailing Address 2210 Sunflower Ave		City Sheboygan	
Email Address sheboyganareadif@gmail.com		Phone Number (incl. area code) 920-627-6695	
Title Operations Director		State WI	
ZIP Code 53081			
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) Taylor Properties LLC		Contact Person Nathan Taylor	
Mailing Address PO Box 261		City Keshena	
Email Address nathan.taylor@taylorpropertieswi.com		Phone Number (incl. area code) 920 917 5637	
Title OWNER		State WI	
ZIP Code 53044			
SECTION 3: Project or Site Location			
Project Address/Description 1221 Erie Ave Unit R1-B		Parcel No.	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business: UC		Sheboygan Area Pay It Forward, Inc.	
Existing Zoning: UC			
Present Use of Parcel: It was day training and offices			
Proposed Use of Parcel: office Day Center for peers experiencing homelessness			
Present Use of Adjacent Properties: Dog Day Care Training + Smash room			
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 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.			
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) Kathleen Labonte		Title Operations Director	
Signature of Applicant Kathleen Labonte		Phone Number 920-627-6695	
		Date Signed 9/5/2023	

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.