

**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)	Authorized Representative PAUL WEANER	Title MANAGING MEMBER	
Mailing Address 7722 W. HAWTHORNS RD	City MEQUON	State WI	ZIP Code 53097
Email Address PWEANER832G AOL.COM	Phone Number (incl. area code) 414-731-0795		

SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)

Applicant Name (Ind., Org. or Entity) HH2 PROPERTIES, LLC.	Contact Person PAUL WEANER	Title MANAGING MEMBER	
Mailing Address "	City SAME AS ABOVE	State	ZIP Code
Email Address	Phone Number (incl. area code)		

SECTION 3: Project or Site Location

Project Address/Description 820 INDIANA AVE	Parcel No.
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SECTION 4: Proposed Conditional Use

Name of Proposed/Existing Business:	
Existing Zoning:	
Present Use of Parcel:	RESTAURANT
Proposed Use of Parcel:	RESTAURANT + HOTEL
Present Use of Adjacent Properties:	TAVERN - RIVER - PROMENADE - STREET

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) PAUL C. WEANER	Title MANAGING MEMBER	Phone Number 414-731-0795
Signature of Applicant 		Date Signed 9-10-25

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 \$250 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

Watershed Harbor Hotel

We have leased the present site since 2006 , the site has far to much parking for the existing restaurant use. The development purpose is to better use the premier land for lodging , which is in short supply seasonally in the downtown area, and will help improve restaurant traffic and improve the amenities along the riverfront.

The building will be all new construction , and designed with a very similar shanty feel to the exterior façade on the restaurant. There will be 32 rooms and a large guest lobby space.

The project will be completed in approximately 10 months , and will create about \$2.5 million of cost value , and will also be a significant room tax generator for the city of Sheboygan.

The use has already been approved at the staff level and at the RDA. We feel it is an excellent addition to the neighborhood and our adjacent restaurant facility.