

CITY OF SHEBOYGAN

APPLICATION FOR CONDITIONAL USE

Fee:	\$250.00	
Revie	ew Date:	
Zonir	ng:	

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		Title					
Adeigh Studen	Same							
Mailing Address	City		State_		ZIP Code			
1522 N 11 ST	Shebo a ga	V	WI		53081			
Email Address	2	Phone Number (inc	cl. area cod	de)				
Stueten @ Yahoo. com 920-207-1390								
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)								
Applicant Name (Ind., Org. or Entity)	Contact Person		Title					
Mailing Address	City		State	4-7-15	ZIP Code			
Email Address Phone Number (de)				
SECTION 3: Project or Site Location								
Project Address/Description			Parcel No					
-1502 UNION AVC	Sheboug	CIN WT	592	8/4125	570			
SECTION 4: Proposed Conditional Use				01/10-2				
Name of Proposed/Existing Business:		A SAME OF THE REAL PROPERTY OF THE PARTY OF		HAT WELL BOARD				
Existing Zoning:	Acighbo bood	Comme-cia	\		,			
Present Use of Parcel:	Residen			ani, lu	(commercia)			
Proposed Use of Parcel: RTS' Revol S			1.	amila	/ copper or circu			
Present Use of Adjacent Properties:	100							
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) Title Phone Number								
Name of Owner/Authorized Represent	Title		Phone Nu	ımber				
Signature of Applicant		Date Sigr	ned					
	The state of the s		54,	01 -				

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.

A. 1502 Union Ave Sheboygan. WI

В.

*Current use: Upper unit is 3 bedroom residence. Lower has been used for storage.

Current owner has been occupying entire structure.

- *Proposed use: Convert lower commercial space into a two bedroom residence.
- *Projected number of residents is 2-5 combined for both units
- *Two dweling units with potential of off street parking with the addition of garage slab
- *Renovations include updates to HVAC, electrical, plumbing and siding
- *Timeline: 6 to 8 month renovation time. \$250,000 potential value at finish
- *Structure is in a residential neighborhood with several single family and multi family homes in the immediate area

D.

- a) Helps with lack of housing in Sheboygan
- b) None
- c) It's in a residential neighborhood
- d) Yes

