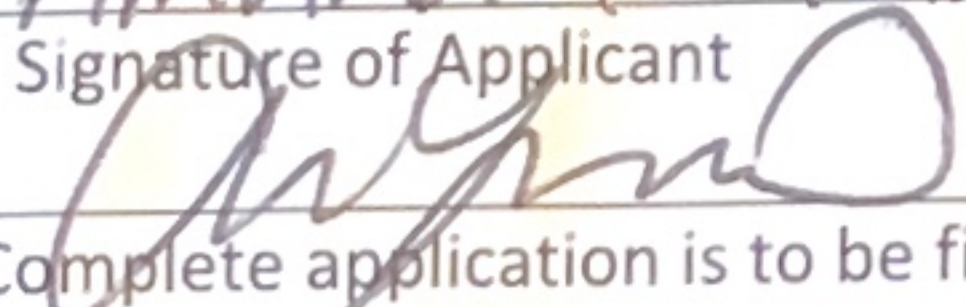
	CITY OF SHEBOYGAN SPECIAL USE AND SITE PLAN REVIEW APPLICATION	Fee: <u>\$100</u> Review Date: _____ Zoning: _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information			
Name (Ind., Org. or Entity) A To Z Adult Family Home LLC	Authorized Representative Ameera Muhammad	Title Owner Operator	
Mailing Address 4903 N 61st st	City Milwaukee	State WI	ZIP Code 53218
Email Address ameeraamhammad96@gmail.com	Phone Number (incl. area code) 262-289-7487		
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Name (Ind., Org. or Entity) Konen Orch	Contact Person Amanda Lindow	Title Property manager	
Mailing Address 2508 Erie Ave	City Sheboygan	State WI	ZIP Code 53081
Email Address AKLindow222@gmail.com	Phone Number (incl. area code) 414 403 6736 / 920 226 7133		
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			
<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 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.</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) Amanda Lindow	Title Property Manager	Phone Number 920 226 7133	
Signature of Applicant 		Date Signed	

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. 59281300600

Zoning Classification NR6

Name of Proposed/Existing Business: A To Z Adult Family Home LLC

Address of Property Affected: 1022 Kentucky Ave Sheboygan, WI 53081

New Building: ☐Addition: ☐Remodeling ☒**SECTION 7: Brief Description of Type of Structure**

Single Family Home

SECTION 8: Description of EXISTING Operation or Use

Single Family Home

SECTION 9: Description of the PROPOSED Operation or Use

Our mission is to become an premier adult family home provider, dedicated to and recognized for our passion and commitment to service, enhancing the quality of life and welfare of individuals in need of services and management for challenging behaviors. At this site there will be up to 3 non related individuals who need additional support. There will be at least one well trained, experienced CBRF caregiver on site 24/7 whenever there are people at the home. Seeing that this will be a primary residence for individuals that's in need of supplementary support this business will run 24/7. We will arrange quiet hours which will begin at 9PM and ending at 7AM to ensure that we will not become a nuisance to our neighbors.