
	CITY OF SHEBOYGAN	Fee: \$250.00 <i>PL</i>
	APPLICATION FOR	Review Date: <i>5/9/23</i>
	CONDITIONAL USE	Zoning: <i>NR-6</i>

Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) <i>Jorge gonzalez</i>		Authorized Representative	
Mailing Address <i>2004 S. 16th Street</i>		City <i>Sheboygan</i>	State <i>WI.</i>
Email Address <i>jorge_gonzalez0422@yahoo.com</i>		ZIP Code <i>53081</i>	Phone Number (incl. area code) <i>(920) 377-1697</i>
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) <i>JORGE GONZALEZ</i>		Contact Person <i>GOME</i>	
Mailing Address <i>2004 S. 16ST</i>		City <i>Sheboygan</i>	State <i>WI.</i>
Email Address <i>Jorge_gonzalez0422@yahoo.com</i>		ZIP Code <i>53081</i>	Phone Number (incl. area code) <i>920 377 1697</i>
SECTION 3: Project or Site Location			
Project Address/Description <i>2004 S. 16ST. Sheboygan WI 53081</i>			Parcel No.
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business: <i>GLZ TAXI LLC.</i>			
Existing Zoning: <i>Residential</i>			
Present Use of Parcel: <i>Primer Residential</i>			
Proposed Use of Parcel: <i>owner</i>			
Present Use of Adjacent Properties: <i>Alt Residential</i>			
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 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.</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) <i>JORGE GONZALEZ</i>		Title <i>owner</i>	Phone Number <i>920 377-1697</i>
Signature of Applicant <i>JORGE GONZALEZ</i>		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 \$250 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

	CITY OF SHEBOYGAN HOME OCCUPATION ZONING COMPLIANCE APPLICATION	Fee: _____ Review Date: _____
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Read all instructions before completing.

SECTION 1: Applicant/ Permittee Information			
Name (Ind., Org. or Entity) jorge gonzalez			
Mailing Address 2004 S.16ST	City sheboygan	State wisconsin	ZIP Code 53081
Email Address jorge_gonzalez0422@yahoo.com		Phone Number (incl. area code) 920 377 1697	
SECTION 2: Other Person Involved in the Home Occupation			
Name			
Mailing Address	City	State	ZIP Code
SECTION 3: Written Description of Proposed Home Occupation			
Please attach written letter describing home occupation.			
SECTION 4: 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 Home Occupation Zoning Compliance 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) Jorge Gonzalez		Title Owner	Phone Number 920 377 1697
Signature of Applicant Jorge gonzalez03 <i>JORGE GONZALEZ</i>		Date Signed 03/20/2023	

Complete application is to be filed with the Department of City Development, 828 Center Avenue, Suite 208. If required 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 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

See Home Occupation regulations on reverse.





FLOORPLAN

Borrower: JORGE GONZALEZ
Property Address: 2004 SOUTH 16TH STREET
City: SHEBOYGAN
Lender: WELLS FARGO HOME MTG, INC.-8051

File No.: 020261
Case No.: 581-2366648
State: WI
Zip: 53081

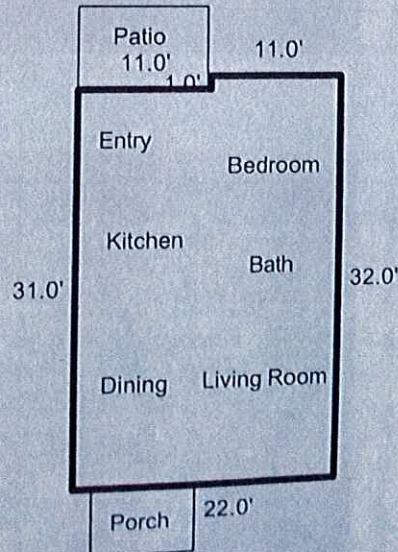
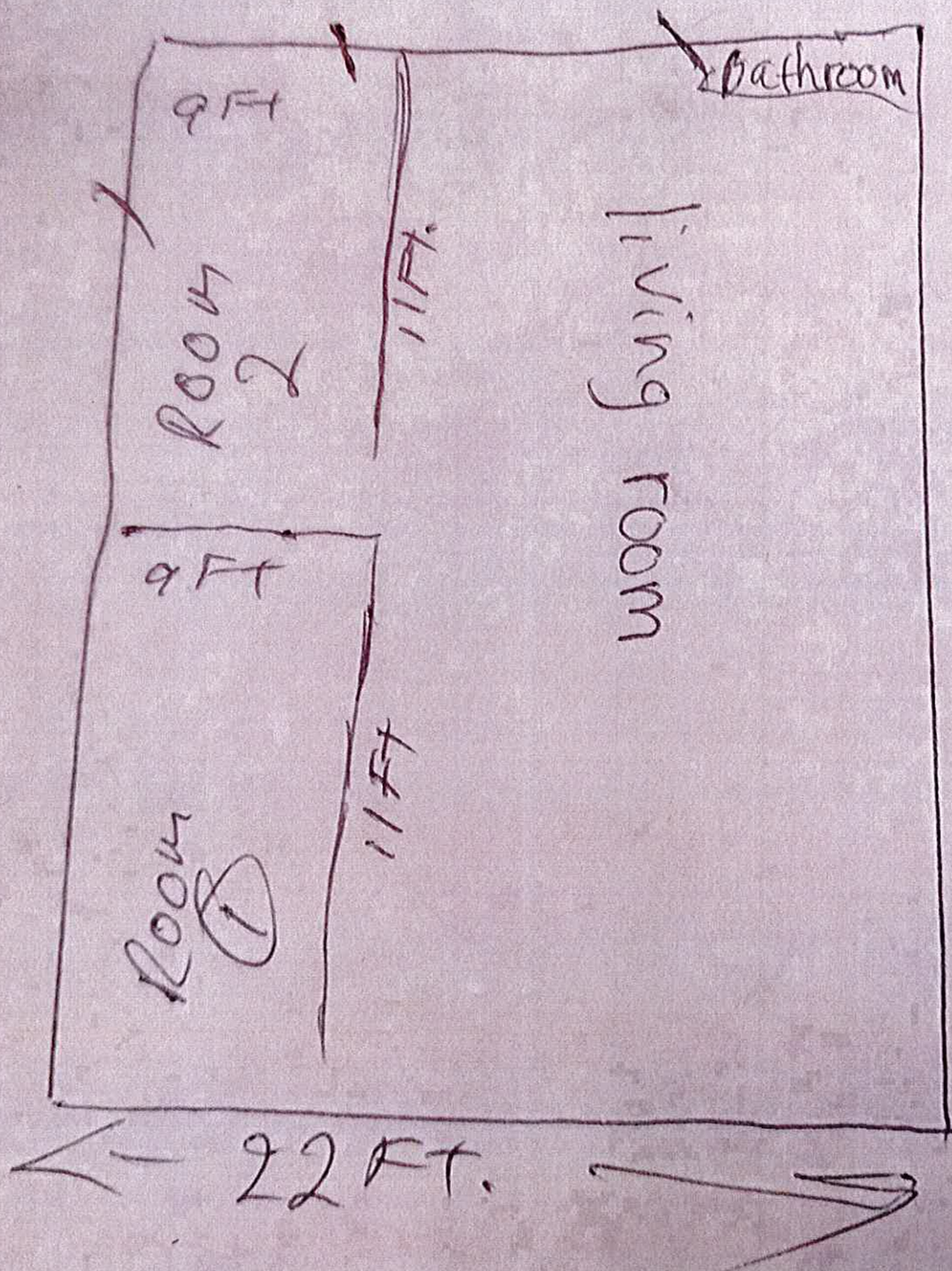


Exhibit A
Floorplan of Basement



Sheboygan, Wisconsin
Google Street View
Jul 2019



Sheboygan, Wisconsin
Google Street View
Jul 2019



Union Ave
Western House

Google

Image capture: Jul 2019 © 2022 Google United States

Sheboygan, Wisconsin
Google Street View
Jul 2019 See more dates



