

**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) ABOVE & BEYOND	Authorized Representative Craig Grabhorn	Title MANAGER of EXHIBITS	
Mailing Address 902 N. 8TH ST.	City SHEBOYGAN	State WI	ZIP Code 53081
Email Address CRAIG@ABKIDS.ORG	Phone Number (incl. area code) 608 442 9663		

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	ZIP Code
Email Address	Phone Number (incl. area code)		

SECTION 3: Project or Site Location

Project Address/Description 902 NORTH 8TH STREET	Parcel No.
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SECTION 4: Proposed Conditional Use

Name of Proposed/Existing Business:	ABOVE & BEYOND CHILDRENS MUSEUM
Existing Zoning:	
Present Use of Parcel:	
Proposed Use of Parcel:	ADDITION of A MURAL
Present Use of Adjacent Properties:	

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) Craig Grabhorn	Title MANAGER of EXHIBITS	Phone Number 608 442 9663
Signature of Applicant 	Date Signed 5/20/2025	

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.