



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) <i>Elite Tumbling Factory</i>		Authorized Representative <i>Nick Mantz</i>		Title <i>Owner & Funder</i>	
Mailing Address <i>3265 Gateway Rd #400</i>		City <i>Brookfield WI</i>		State <i>WI</i>	ZIP Code <i>53051</i>
Email Address <i>NMMantz@gmail.com</i>			Phone Number (incl. area code) <i>414-870-0912</i>		
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)					
Applicant Name (Ind., Org. or Entity) <small>Northgate #1 LLC Northgate #2 LLC Northgate #3 LLC</small>		Contact Person <i>Carlee Beier</i>		Title <i>Property Manager</i>	
Mailing Address <i>8575 W Forest Home Ave #160</i>		City <i>Greenfield</i>		State <i>WI</i>	ZIP Code <i>53228</i>
Email Address <i>carlee@eccommercial.net</i>			Phone Number (incl. area code) <i>414-235-4262</i>		
SECTION 3: Project or Site Location					
Project Address/Description <i>2821 N 15th St</i>			Parcel No. <i>529281719341</i>		
SECTION 4: Proposed Conditional Use					
Name of Proposed/Existing Business:		<i>Elite Tumbling</i>			
Existing Zoning:		<i>Urban Commercial</i>			
Present Use of Parcel:		<i>Retail Shopping Center</i>			
Proposed Use of Parcel:		<i>Tumbling facility - 1 unit only</i>			
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) <i>Carlee Beier</i>			Title <i>Property Manager</i>		Phone Number <i>414-235-4262</i>
Signature of Applicant <i>Carlee Beier</i>				Date Signed <i>2/27/2026</i>	

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.