

	CITY OF SHEBOYGAN APPLICATION FOR CONDITIONAL USE	Fee: \$250.00 Review Date: _____ Zoning: <u>UC</u>
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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	
Mailing Address <u>1418 Greele Ave.</u>	City <u>Sheboygan</u>	State <u>WI</u>	ZIP Code <u>53083</u>
Email Address <u>mamma9samc@gmail.com</u>		Phone Number (incl. area code) <u>(920) 918-9878</u>	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) <u>Martha Jo Butzen</u>	Contact Person <u>Marti Butzen</u>	Title <u>owner</u>	
Mailing Address <u>2201 N 15th St</u>	City <u>Sheboygan</u>	State <u>WI</u>	ZIP Code <u>53083</u>
Email Address <u>martibutzen@gmail.com</u>		Phone Number (incl. area code) <u>920 918-8282</u>	
SECTION 3: Project or Site Location			
Project Address/Description <u>2201 N 15th</u>		Parcel No.	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business: <u>MAMMA GI'S Authentic Mexican Cuisine</u>			
Existing Zoning:			
Present Use of Parcel: <u>BAR (SCREAMERS)</u>			
Proposed Use of Parcel: <u>PARIA A FOOD TRUCK</u>			
Present Use of Adjacent Properties: <u>HOMES</u>			
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) <u>Leonardo Enriquez</u>		Title	Phone Number <u>(920) 918-9878</u>
Signature of Applicant <u>Martha Jo Butzen</u>		Date Signed <u>4-9-24</u>	

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.