

CITY OF SHEBOYGAN

APPLICATION FOR CONDITIONAL USE

Fee:	\$250.00				
Review Date:					
Zonin	ng:				

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

SECTION 1: Applicant/ Permittee Infor						
Applicant Name (Ind., Org. or Entity)	Authorized Repres	entative News on a	Title			
	Mee Y. Leo David Blong Tee Newzone Owner					
Mailing Address 4925 Stonefield Rd.	Sheboygan	l	State WT	ZIP Code 53083		
Email Address	10	Phone Number (inc	cl. area code)			
DBLParadise@GMail.C	com 920-946-					
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 (in			:l. area code)			
SECTION 3: Project or Site Location						
Project Address/Description 827 N Sheboygan WI		Parcel No. 5928 1102750				
SECTION 4: Proposed Conditional Use						
Name of Proposed/Existing Business: Hmong Delights Bakeshop						
Existing Zoning:	Commercia		/			
Present Use of Parcel:	Vacant	,				
Proposed Use of Parcel:		itchen Bakes	hop			
Present Use of Adjacent Properties:	Dontal Of	Gre Restaura	nt Bars.	Homecare		
Present Use of Adjacent Properties: Dental Office, Restaurant, Bars, Homecare 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 Representa		Title		Number		
Mee 4. Lee	and (produce print)			-946-8666		
Signature of Applicant		I	Date Signed	. ,		
meens			9/2/2024			

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.

September 2, 2024

Dear Sheboygan City Plan Commission,

Below is the conditional use written explanation requirements.

- A. Name of project: Hmong Delights Bakeshop.
- B. Summary of the conditional use and general operation of the proposed use.
 - Existing use hair salon
 - Proposed use Indoor commercial kitchen.
 - Services products: sandwiches, meat buns, cakes, baked goods, etc.
 - Projected employee: start with 2-4 employees. Projected customers: 10 30 people per day.
 - Proposed number of dwelling units: Breakroom, product display and sales counter area, a bathroom, storage area, and kitchen. Parking lot with 12 spots in the back for employees and customers.
 - Description of proposed building: Existing building approximately 1200 square feet space locate at 827 Michigan Ave Sheboygan, 2 exits with front exit to Michigan Ave and rear exit to parking area.
 - Interior/exterior renovation: no renovation, only need to build the kitchen and set up sale and display counters.
 - Access to the location is appropriate. There is street parking on Michigan Ave for customers and free parking for 12 cars in the back of the building to be shared with 3 residents and the dental office that only open 3 days a week. (See exhibit 1)
 - Proposed signage: Front and back of the building. (See exhibit 2 & 2.1)
 - Project timeline: open for business in December 2024 or Jan 2025. The estimated value of the project is \$30,000 to \$70,000.
 - Compatibility of the proposed project to the adjacent properties in the area.
 825 Michigan Ave is dental office, David Blong S. Lee, DDS, SC.
 - 831 Michigan Ave is Georgebee Home Healthcare.
 - 825 Michigan Ave is Chiangmai Garden restaurant.
 - 819 Michigan Ave is the C & G Bar Lounge.
 - 826 Michigan Ave is GT Graphic printshop across the street.
 - 832 Michigan Ave is McGoey Dermatology across street.
 - How the proposed business will not become a nuisance to adjacent properties.
 - 1. Have street parking available.
 - 2. Have off-street parking for staff and customers. Parking share with dental office that only open 3 days a week.
 - 3. Hours of operation: plan to open 5 days a week from 8 am to 6:00 pm.
 - 4. No partying noise will not be an issue to the neighbors.
 - Other information for consideration: The business wil. provide authentic Hmong American delicacies and bakery products to the community. It will only give a boost to the growth of the City of Sheboygan business and economy.

- C. Exceptions/variances required in this project: N/A, this is an existing building.
- D. Written justification for the proposed conditional use.
 - a. The restaurant will only provide a exciting vibes, and a bustling of activity to Michigan Ave to attract visitors and business to the area. I believe it is in line with the purposes, goals, objectives, policies and standards of the City of Sheboygan Comprehensive Master Plan.
 - b. The proposed business conditional use I believe will not result in any substantial adverse impact on the nearby property neighborhood, environment, traffic, etc.
 - c. The proposed conditional use I believe will maintain the desired consistency of land use in the area.
 - d. The proposed conditional use will have utilities services provided by public agencies.

Conditional use application submittal requirements.

- 1. Certified survey map showing existing property boundaries and improvements. This is an existing building. (see exhibit 5).
- 2. Map of the proposed conditional use building and surrounding. (See exhibit 3).
- 3. Site plan. This is an existing building. (See exhibit 3).
- 4. Building elevation and perspective: This is an existing building. (See exhibit 4).

Thank you.

Go gle Maps Sheboygan, Wisconsin

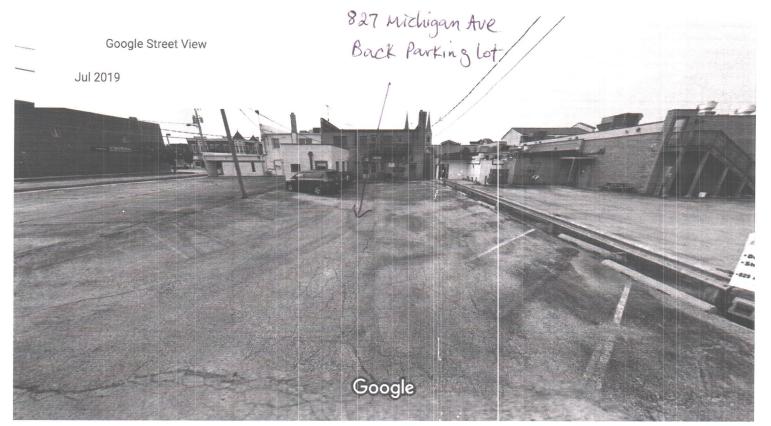


Image capture: Jul 2019 © 2024 Google

17th St 18th S*

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Go gle Maps 825 Michigan Ave



Image capture: Jul 2019

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827 Michigan Ave











Directions

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- 0 827 Michigan Ave, Sheboygan, WI 53081
- Q75P+98 Sheboygan, Wisconsin

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Google Street View

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Proposed Signage Back
go here

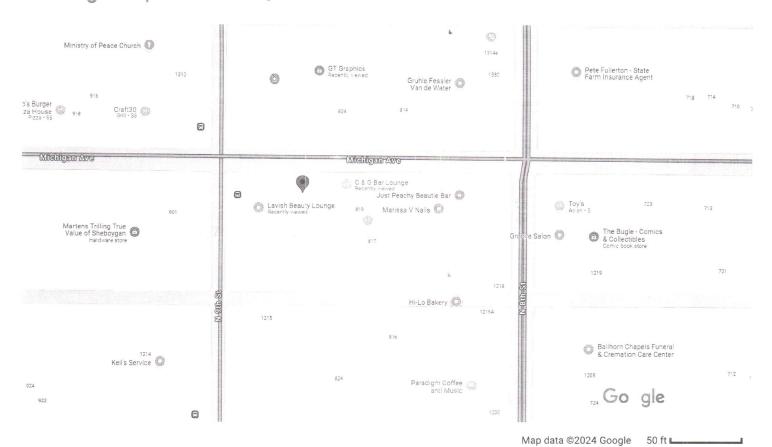
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17th St 18th St

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827 Michigan Ave











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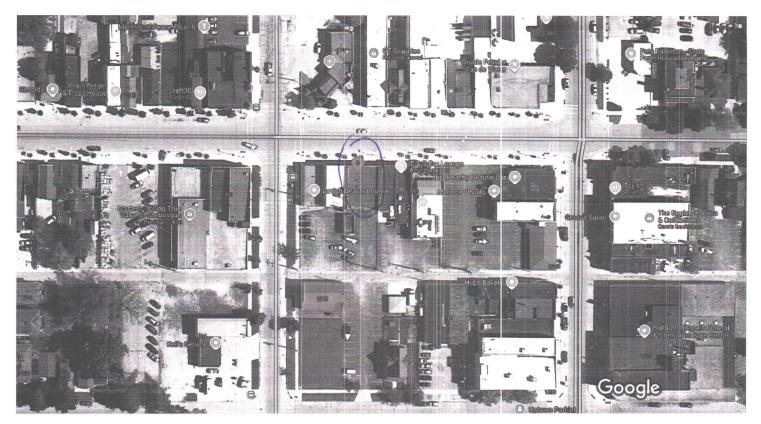
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827 Michigan Ave









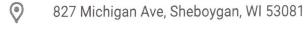


Directions

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RUEGER Land Surveying MICHIGAN AVENUE 80' ST. DESCRIPTION: T. C. 58.70 T. C. 58.6 TOP OF MYDRANT BLOG P40 0.44 0428 1 58.73 58.4 1 SEWER AVE SANITARY 1996 6 WATER MAIN 9'SOUTH OF SAUTARY 2" GAS MAIN IN CENTER OF ALLEY 22, EXIST ING the EXISTING of Lot 5, Block 63, Original Plat of BUILDING BUILDING IST FLOOR 59.27 DESC.: The West 50' of Lot 5, Block 63, Origina. City of Sheboygan, Sheboygan County, Wi. 59.07 107 LOT PARKING LOT 4 FLOOR 0 60.05 SCALE 1"= BLACK LOT APPARENT 59.01 5880 PAVED ALLEY 1521 Superior Avenue, Sheboygan, Wisconsin 53081 • [414] 452-9558 SURVEY CERTIFICATE I have surveyed the above described property, and the above map is a true representation thereof and shows the size and location of the property, its exterior boundaries, the location of all visible structures thereon, fences, apparent assements and roadways, and visible encroachments, if any.

This survey is made for the exclusive lise of the property and also those who purchase, mortgage, or guarantee the title thereto within one (1) year from the date hereof. FILED 11-30-96 SHEBOYGAN COUNTY REAL PROPERTY LISTING DEPLOY hereof. KRUEGER S-1093 SHEBOYSAN, Gary L. Krueget Kinconsin Registered Land Surveyor S-1093
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BOOK MOLIMINITY
PAGE NO. For: Nickolas Tsioulos

JOB NO.

PAGE NO. _