	CITY OF SHEBOYGAN SPECIAL USE AND SITE PLAN REVIEW APPLICATION	Fee: \$100
		Review Date:

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

SECTION 1: Applicant/ Permittee Information			
Name (Ind., Org. or Entity) Eastern Pines LLC		Authorized Representative Joshua L Posthuma	
Title Owner			
Mailing Address 25 E Union Ave		City Cedar Grove	State WI
ZIP Code 53013			
Email Address josh@posthumahomes.com		Phone Number (incl. area code) 920-226-4062	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Name (Ind., Org. or Entity) St. Nicholas Hospital Sisters of St. Francis		Contact Person	
Title			
Mailing Address 3100 Superior Ave		City Sheboygan	State WI
ZIP Code 53081			
Email Address		Phone Number (incl. area code)	
SECTION 3: Architect Information			
Name			
Mailing Address		City	State
Zip			
Email Address		Phone Number (incl. area code)	
SECTION 4: Contractor Information			
Name			
Mailing Address		City	State
Zip			
Email Address		Phone Number (incl. area code)	
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 Site Plan Review 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.			
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)		Title	Phone Number
DocuSigned by: Signature of Applicant		Date Signed 5/19/2024	

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 \$100 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.

SECTION 6: Description of the Subject Site/Proposed Project

Parcel No.59281631527	Zoning ClassificationSuburban Office District
Name of Proposed/Existing Business:	Hospital
Address of Property Affected:	3100 Superior Ave, Sheboygan
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/> Remodeling: <input type="checkbox"/>

SECTION 7: Brief Description of Type of Structure

Existing hospital facility.

SECTION 8: Description of EXISTING Operation or Use

Healthcare facility.

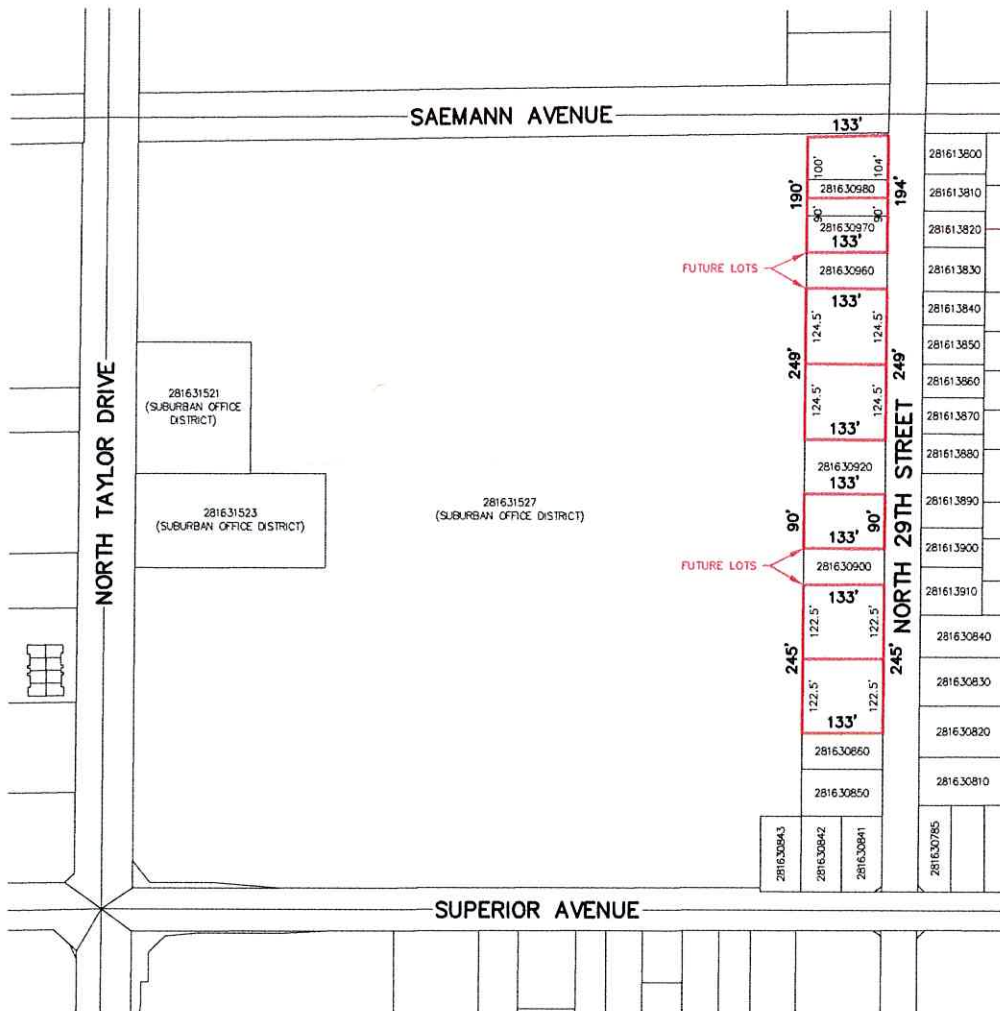
SECTION 9: Description of the PROPOSED Operation or Use

SR-5 zoned single-family new construction homes located on proposed parcels along N 29th St.

Proposed Lot Exhibit

FOR: Josh Posthuma

Part of the SW 1/4 of the SE 1/4, Section 16, T15N, R23E, City of Sheboygan, Sheboygan County, Wisconsin.



NOTE:

- ALL PARCEL NUMBERS BEGIN WITH "59". THE PARCEL NUMBERS DISPLAYED ON THIS EXHIBIT ARE TRUNCATED FOR SIZE AND DO NOT CONTAIN "59".
- ALL PARCELS WITHIN 100 FEET ARE R-5 UNLESS OTHERWISE NOTED.



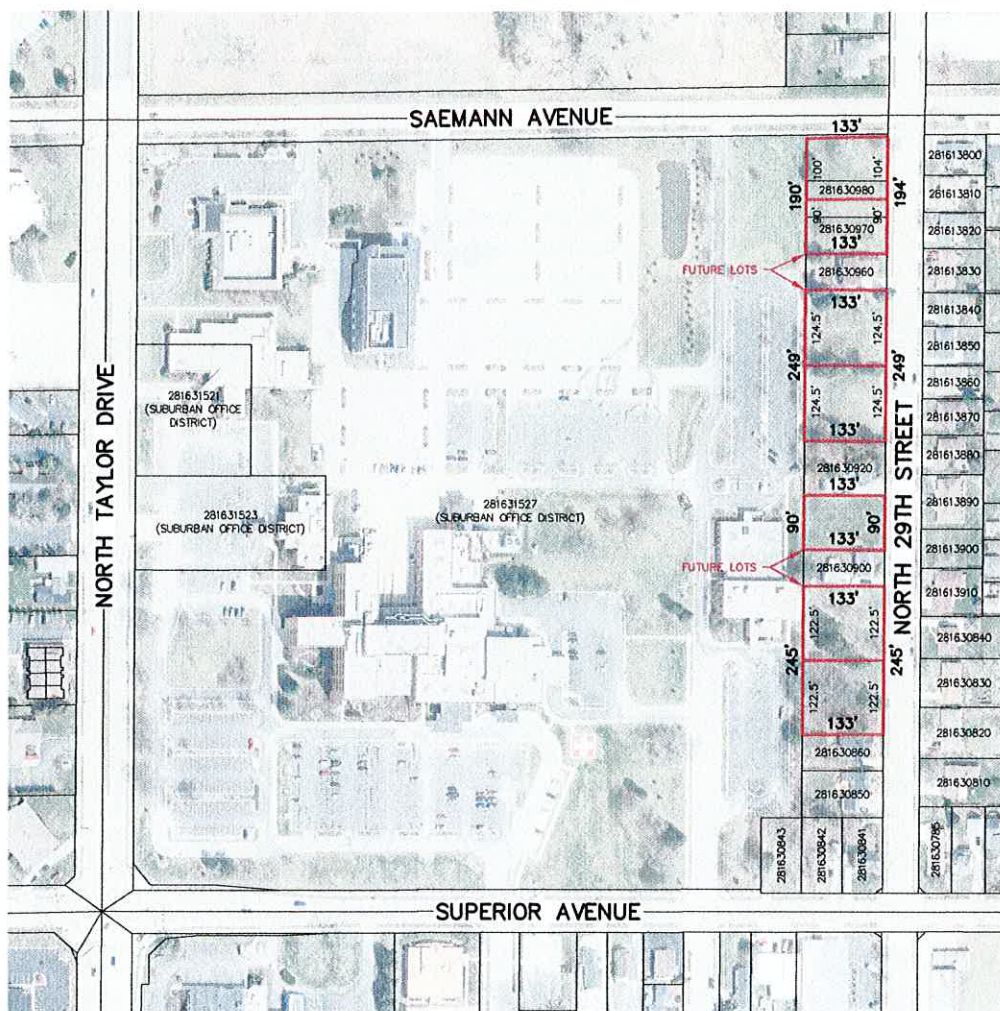
0 100 200
Scale: 1" = 200'

941 Center Avenue, Suite 1
Oostburg, WI 53070
920-547-0599

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FOR: Josh Posthuma
Part of the SW 1/4 of the SE 1/4, Section 16, T15N, R23E, City of
Sheboygan, Sheboygan County, Wisconsin.



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