
	<b>CITY OF SHEBOYGAN</b>	Fee: <u>\$250.00</u>
	<b>APPLICATION FOR CONDITIONAL USE</b>	Review Date: _____
		Zoning: _____

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

<b>SECTION 1: Applicant/ Permittee Information</b>			
Applicant Name (Ind., Org. or Entity) Lakeland University		Authorized Representative Beth Borgen	
Title President			
Mailing Address 529 Ontario Ave		City Sheboygan	State WI
ZIP Code 53081			
Email Address borgenbm@lakeland.edu		Phone Number (incl. area code)	
<b>SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)</b>			
Applicant Name (Ind., Org. or Entity)		Contact Person	
Title			
Mailing Address		City	State
ZIP Code			
Email Address		Phone Number (incl. area code)	
<b>SECTION 3: Project or Site Location</b>			
Project Address/Description 521 Ontario Ave		Parcel No. 52981105830	
<b>SECTION 4: Proposed Conditional Use</b>			
Name of Proposed/Existing Business:		Jake's (DBA Shores Coffeehouse)	
Existing Zoning:		Commercial - Neighborhood Office	
Present Use of Parcel:		Cafe and coworking open to members only	
Proposed Use of Parcel:		Coffeehouse	
Present Use of Adjacent Properties:		Office use, Airbnb	
<b>SECTION 5: Certification and Permission</b>			
<p><b>Certification:</b> 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.</p>			
<p><b>Permission:</b> 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.</p>			
Name of Owner/Authorized Representative (please print) Beth Borgen		Title President, Lakeland U.	Phone Number * see note
Signature of Applicant 		Date Signed 2/27/25	

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.

\* Stephanie Hoskins - main contact  
504-322-5808