




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) Quorum Architects, Inc.	Authorized Representative Matthew Edwards	Title Architect	
Mailing Address 3112 W. Highland Blvd.	City Milwaukee	State WI	ZIP Code 53208
Email Address matthew@quorumarchitects.com		Phone Number (incl. area code) (414) 736-3210	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Name (Ind., Org. or Entity) Rogers Memorial Hospital	Contact Person Cory Majszak	Title Vice President of Development	
Mailing Address 34700 Valley Rd.	City Oconomowoc	State WI	ZIP Code 53066
Email Address cory.majszak@rogersbh.org		Phone Number (incl. area code) (262) 364-7776	
SECTION 3: Architect Information			
Name Matthew Edwards, Principal Project Architect			
Mailing Address 3112 W. Highland Blvd.	City Milwaukee	State WI	Zip 53208
Email Address matthew@quorumarchitects.com		Phone Number (incl. area code) (414) 736-3210	
SECTION 4: Contractor Information			
Name Keith Isken, Jos. Schmitt Construction			
Mailing Address 2104 Union Ave.	City Sheboygan	State WI	Zip 53081
Email Address kisken@jschmitt.cc		Phone Number (incl. area code) (920) 694-3602	
SECTION 5: Certification and Permission			
<p>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.</p> <p>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.</p>			
Name of Owner/Authorized Representative (please print) Cory Majszak		Title Vice President of Development	Phone Number (262) 364-7776
Signature of Applicant 		Date Signed 4/14/2026	

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. 59281215710		Zoning Classification Suburban Office District (SO)
Name of Proposed/Existing Business:	Rogers Behavioral Health - Outpatient Clinic Addition	
Address of Property Affected:	1108 S. Wildwood Ave., Sheboygan, WI 53081	
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Brief Description of Type of Structure

New 1,260 square foot 1-story addition to existing 1-story wood framed 'B' Business occupancy building. The budget for the new addition is \$565,000 with an estimated completion date of 10/30/2026.

SECTION 8: Description of EXISTING Operation or Use

Rogers Behavioral Health currently uses the building to provide intensive outpatient behavioral health services for patients in the community. These services can include cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), and medication management. Programming is structured as either a six-hour treatment day or a three-hour intensive outpatient treatment day, depending on patient acuity and clinical needs. Services are provided Monday through Friday between the hours of 8:00 AM and 3:00 PM. The use is clinical in nature and does not involve overnight stays in clinic.

SECTION 9: Description of the PROPOSED Operation or Use

The proposed addition will expand the existing behavioral health clinic to include two additional group therapy spaces, one office, and one consult room. No new programs are planned. These new spaces will allow for group separation of the existing intensive outpatient services to focus on acuity-specific treatment topics and improve clinical flow. At this time, there are no plans to hire additional staff. Existing staff will be redistributed within the building to better align with assigned patient populations. Services will continue to be provided Monday through Friday between the hours of 8:00 AM and 3:00 PM. The proposed expansion is designed to maintain the existing quiet, professional character of the site, keeping the current operating hours, staffing, and level of patient acuity