

	<b>CITY OF SHEBOYGAN</b>  <b>APPLICATION FOR CONDITIONAL USE</b>	<b>Fee:</b> \$250.00 _____ <b>Review Date:</b> _____ <b>Zoning:</b> _____
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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) Sheboygan County Warming Center	Authorized Representative Lizabeth Kroll	Title Board Member	
Mailing Address PO Box 63	City Sheboygan	State WI	ZIP Code 53081
Email Address sheb.co.wc@gmail.com		Phone Number (incl. area code) 920-946-9880	
<b>SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)</b>			
Applicant Name (Ind., Org. or Entity) St. Luke UMC	Contact Person Ruth Hallstead	Title Pastor	
Mailing Address 623 Ontario Avenue	City Sheboygan	State WI	ZIP Code 53081
Email Address pastor@stluke.net		Phone Number (incl. area code) 920-458-4025	
<b>SECTION 3: Project or Site Location</b>			
Project Address/Description 623 Ontario Avenue, Sheboygan, WI		Parcel No. 59281105980	
<b>SECTION 4: Proposed Conditional Use</b>			
Name of Proposed/Existing Business:	St. Luke United Methodist Church		
Existing Zoning:	Urban Residential -12th District		
Present Use of Parcel:	Church, Community Cafe,		
Proposed Use of Parcel:	Warming Center, Church, Community Cafe		
Present Use of Adjacent Properties:	Hotel/Short term home for Co-ops & Interns, Condos		
<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) Ruth Hallstead	Title Pastor	Phone Number 920-458-4025	
Signature of Applicant		Date Signed	

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.