

**CITY OF SHEBOYGAN****APPLICATION FOR  
CONDITIONAL USE**

Fee: \$250.00

Review Date: \_\_\_\_\_

Zoning: \_\_\_\_\_

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

**SECTION 1: Applicant/ Permittee Information**

Applicant Name (Ind., Org. or Entity) <b>GEOFF LEFEBER</b>	Authorized Representative <b>GEOFF LEFEBER</b>	Title <b>TENANT</b>	
Mailing Address <b>W1830 WINDMOR DR</b>	City <b>SHEBOYGAN</b>	State <b>WI</b>	ZIP Code <b>53083</b>
Email Address <b>GLEFEBER44@GMAIL.COM</b>	Phone Number (incl. area code) <b>920-331-7756</b>		

**SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)**

Applicant Name (Ind., Org. or Entity) <b>MORSE IRREVOCABLE TRUST OF 2020 JANELE MORSE</b>	Contact Person <b>JANELE MORSE</b>	Title <b>TRUSTEE</b>	
Mailing Address <b>W3436 GANTON ROAD</b>	City <b>SHEBOYGAN FALLS</b>	State <b>WI</b>	ZIP Code <b>53085</b>
Email Address <b>morse1995@gmail.com</b>	Phone Number (incl. area code) <b>920-980-1666</b>		

**SECTION 3: Project or Site Location**

Project Address/Description <b>2737 NORTH 21ST STREET SHEBOYGAN</b>	Parcel No. <b>53083</b>
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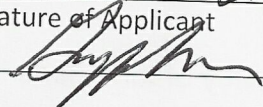
**SECTION 4: Proposed Conditional Use**

Name of Proposed/Existing Business: <b>HIT MACHINE BASEBALL, LLC</b>
Existing Zoning:
Present Use of Parcel:
Proposed Use of Parcel: <b>BASEBALL PRACTICE HITTING FACILITY</b>
Present Use of Adjacent Properties:

**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 Representative (please print) <b>GEOFF LEFEBER</b>	Title <b>TENANT</b>	Phone Number <b>920-331-7756</b>
Signature of Applicant 		Date Signed <b>7-7-25</b>

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.