SECTION 6: Description of the Subject Site/Proposed Project		
Parcel No.805012084		Zoning Classification
Name of Proposed/Existing Business:		
Address of Property Affected:	2710 S. 8th Street, Sheboygan WI 53081	
New Building: ☐	Addition: ☐	Remodeling: ☐

SECTION 7: Brief Description of Type of Structure

SECTION 8: Description of EXISTING Operation or Use

SECTION 9: Description of the PROPOSED Operation or Use

The proposed operation involves the establishment of a Community-Based Residential Facility (CBRF) that will provide a safe, supportive, and home-like living environment for adult residents who require assistance with daily living activities. The facility will operate in compliance with state licensing regulations and will be designed to serve individuals who may be elderly, physically disabled, or experiencing cognitive impairments such as dementia.

The CBRF will accommodate up to (1/8)] residents and will provide 24-hour supervision, personal care services, medication management, nutritious meals, and individualized support plans tailored to each resident's needs. The goal of the operation is to promote independence, dignity, and quality of life for all residents while ensuring their safety and well-being.

The home will be staffed by trained caregivers and overseen by a qualified administrator. Services will include assistance with bathing, dressing, grooming, toileting, mobility, and other activities of daily living. In addition, residents will have access to social activities, transportation to medical appointments, and coordination with external healthcare providers as needed.

The facility will be located at [2710 S. 8th street Sheboygan wi] in a residentially zoned area and will be operated in a manner that minimizes any disruption to the surrounding neighborhood. The home will meet all applicable zoning, fire safety, building code, and health department requirements prior to occupancy.

City of Sheboygan spirit on the lake	**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)	Authorized Representative	Title	
B&K healing hearts LLC			
Mailing Address	**City**	**State**	**ZIP Code**
5163 n 62nd street	milwaukee	wi	53218
Email Address		**Phone Number (incl. area code)**	
Hoskinsmakhia@gmail.com		414-202-9827	

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

Name (Ind., Org. or Entity)	Contact Person	Title	
Engedi Properties LLC	Elizabeth Ten Dolle	Owner	
Mailing Address	**City**	**State**	**ZIP Code**
W3045 County Highway OO	Sheboygan Falls	WI	53085
Email Address		**Phone Number (incl. area code)**	
homefrontwillc@gmail.com		920-627-6508	

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
Elizabeth Ten Dolle	Owner	920-627-6508
Signature of Applicant		**Date Signed**
Elizabeth Ten Dolle		10/3/2025

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.