



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) <i>Judy Moncree</i>	Authorized Representative	Title <i>Pastor</i>	
Mailing Address <i>1016 Geek Av</i>	City <i>Sheboygan</i>	State <i>WI</i>	ZIP Code <i>53083</i>
Email Address <i>Jmoncree@aol.com</i>	Phone Number (incl. area code) <i>414-418-8665</i>		

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

Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)		

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) <i>Judy Moncree</i>	Title <i>Overseer</i>	Phone Number <i>414-418-8665</i>
Signature of Applicant <i>Judy Moncree</i>		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 \$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.		Zoning Classification	
Name of Proposed/Existing Business:	N/A		
Address of Property Affected:	1429 North Avenue		
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>	

SECTION 7: Brief Description of Type of Structure

Brown Stone Building 2,100sqf
Bathroom + 5 Rooms Including
Kitchen Area/ prep Area
Grill Area to the North Alley
Side Next TO BACK DOOR OR
wherever city Deems.

SECTION 8: Description of EXISTING Operation or Use

N/A Closed

SECTION 9: Description of the PROPOSED Operation or Use

NON PROFIT fund Raising projects
selling clothing, Household Items
Food to be sold using Grill (cooked)
pantry For Frozen and Can good Items
(Free)?
(free) clothing At/on certain Days

Oneness Ministries
of the Apostolic Faith