City of Sheboygan spirit on the lake	**CITY OF SHEBOYGAN** **SPECIAL USE AND SITE PLAN REVIEW APPLICATION**	**Fee:** $100 **Review Date:** **Zoning:**

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	
A to Z Adult Family Home LLC	Ameera Muhammad	Owner	
Mailing Address	**City**	**State**	**ZIP Code**
2221 Mayflower Ave	Sheboygan	WI	53083
Email Address		**Phone Number (incl. area code)**	
[redacted]		[redacted]	

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

Name (Ind., Org. or Entity)	Contact Person	Title	
Fresh Coast Real Estate	Stefan Canevski	Partner	
Mailing Address	**City**	**State**	**ZIP Code**
[redacted]	Brookfield	WI	53008
Email Address		**Phone Number (incl. area code)**	
freshcoastre@gmail.com		414-469-9909	

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
Stefan Canevski	MANAGER	[redacted]
Signature of Applicant		**Date Signed**
[signature]		10-19-26

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. 59281623720	Zoning Classification
Name of Proposed/Existing Business:	A to Z Adult Family Home LLC
Address of Property Affected:	2223 Mayflower Ave Sheboygan, WI 53083

New Building: ☐ Addition: ☐ Remodeling: ☐

SECTION 7: Brief Description of Type of Structure

Side by Side Duplex

SECTION 8: Description of EXISTING Operation or Use

Side by Side Duplex

SECTION 9: Description of the PROPOSED Operation or Use

Our mission is to become an premier adult family home provider, dedicated to and recognized for our passion and commitment to service, enhancing the quality of life and welfare of individuals in need of services and management for challenging behaviors. At this site there will be up to 2 nonrelated individuals who need additional support. There will be at least one well trained, experienced CBRF caregiver on site 24/7 whenever there are people at the home. Seeing that this will be a primary residence for individuals that's in need of supplementary support this business will run 24/7. We will arrange quiet hours which will begin at 9PM and ending at 7AM to ensure that we will not become a nuisance to our neighbors.