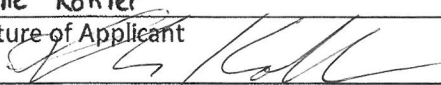
	CITY OF SHEBOYGAN	Fee: \$250.00
	APPLICATION FOR PLANNED UNIT DEVELOPMENT	Review Date: _____

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

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) Abacus Architects, Inc		Authorized Representative Joel Van Ess	
Title Principal			
Mailing Address 1135A Michigan Avenue	City Sheboygan	State WI	ZIP Code 53081
Email Address jvaness@abacusarch.com	Phone Number (incl. area code) 920-452-4444	Fax Number (incl. area code)	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) Science on A River (SOAR)		Contact Person Leslie Kohler	
Title Project Manager			
Mailing Address 826 South 8th Street	City Sheboygan	State WI	ZIP Code 53081
Email Address lkohler@windway.com	Phone Number (incl. area code) 920-629-8986	Fax Number (incl. area code)	
SECTION 3: Project or Site Location			
Project Address/Description 826 South 8th Street		Parcel No. 59281110032	
SECTION 4: Proposed Planned Unit Development			
Name of Proposed/Existing Business:		SOAR	
Existing Zoning:		Unit Development	
Present Use of Parcel:		Tourist Information Center	
Proposed Use of Parcel:		Outdoor Education Center	
Present Use of Adjacent Properties:		Boat Launch, Substation	
SECTION 5: Certification and Permission			
<p>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.</p>			
<p>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.</p>			
Name of Owner/Authorized Representative (please print) Leslie Kohler		Title Project Manager	Phone Number 920-629-8986
Signature of Applicant 		Date Signed 6/24/25	

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. 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.