



**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) A to Z Adult Family Home LLC	Authorized Representative Ameera Muhammad	Title Owner Operator	
Mailing Address 4903 N 61st St	City Milwaukee	State WI	ZIP Code 53218
Email Address ameeraamuhamed96@gmail.com	Phone Number (incl. area code) 262-289-7487		

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

Name (Ind., Org. or Entity) Elad Silbering	Contact Person Amanda Linda	Title Prop. Manager	
Mailing Address 2020 S 8th	City Sheboygan	State WI	ZIP Code 53081
Email Address AKLinda2222@gmail	Phone Number (incl. area code) 920 226 7133		

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) Elad Silbering	Title 11/1/25	Phone Number 920 226 7133
Signature of Applicant Elad Silbering	Date Signed 11/1/25	

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 – 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 NR6	
Name of Proposed/Existing Business:	A to Z Adult Family Home LLC	
Address of Property Affected:	2020 S 8th Street Sheboygan, WI 53081	
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Brief Description of Type of Structure

Single Family Home.

SECTION 8: Description of EXISTING Operation or Use

Single Family Home.

SECTION 9: Description of the PROPOSED Operation or Use

Our mission is to become a 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 4 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.