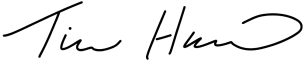


	CITY OF SHEBOYGAN	Fee: \$250.00
	APPLICATION FOR CONDITIONAL USE	Review Date: _____
		Zoning: _____

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

SECTION 1: Applicant/ Permittee Information			
Applicant Name (Ind., Org. or Entity) Caravel Autism Health		Authorized Representative Timothy Hanna	
Title Corporate Development Manager			
Mailing Address 111 S. Pfingsten Road	City Deerfield	State IL	ZIP Code 60015
Email Address thanna@caravelautism.com		Phone Number (incl. area code) 815.236.9701	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) Blue Horizon, LLC		Contact Person Brittaney Lehman	
Title			
Mailing Address 8365 Lehman Road	City Remington	State IN	ZIP Code 47977
Email Address lehmanbrittaney@gmail.com		Phone Number (incl. area code) 219-863-8805	
SECTION 3: Project or Site Location			
Project Address/Description 3103 Weedon Creek Road, Sheboygan Falls, WI 53085			Parcel No.
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:		Caravel Autism Health	
Existing Zoning:			
Present Use of Parcel:		Special Use Exemption School	
Proposed Use of Parcel:		Office or Medical Office	
Present Use of Adjacent Properties:			
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 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.			
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) Timothy Hanna		Title Corporate Dev Manager	Phone Number 815.236.9701
Signature of Applicant 		Date Signed 10/29/2025	

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 \$250 (payable to the City of Sheboygan) are not submitted along with a complete and legible application. Application filing fee is non-refundable.