City of Sheboygan spirit on the lake	**CITY OF SHEBOYGAN** **APPLICATION FOR CONDITIONAL USE**	**Fee:** $250.00 **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)	Authorized Representative	Title	
Caravel Autism Health	Timothy Hanna	Corporate Development Manager	
Mailing Address	**City**	**State**	**ZIP Code**
111 S. Pfingsten Road	Deerfield	IL	60015
Email Address	**Phone Number (incl. area code)**		
thanna@caravelautism.com	815.236.9701		

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

Applicant Name (Ind., Org. or Entity)	Contact Person	Title	
Blue Horizon, LLC	Brittaney Lehman		
Mailing Address	**City**	**State**	**ZIP Code**
8365 Lehman Road	Remington	IN	47977
Email Address	**Phone Number (incl. area code)**		
lehmanbrittaney@gmail.com	219-863-8805		

SECTION 3: Project or Site Location

Project Address/Description	Parcel No.
3103 Weedon Creek Road, Sheboygan Falls, WI 53085	

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)	Title	Phone Number
Timothy Hanna	Corporate Dev Manager	815.236.9701
Signature of Applicant		**Date Signed**
Tim Hanna		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.