

	<b>CITY OF SHEBOYGAN</b>  <b>SPECIAL USE AND SITE PLAN REVIEW APPLICATION</b>	<b>Fee: \$100</b>
		<b>Review Date:</b> _____
	<b>Zoning:</b> _____	

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

<b>SECTION 1: Applicant/ Permittee Information</b>			
Name (Ind., Org. or Entity) <i>Midwest Boxing Champions</i>	Authorized Representative <i>Michael Thomas</i>	Title <i>Owner</i>	
Mailing Address <i>1036 High Ave</i>	City <i>Sheboygan</i>	State <i>WI</i>	ZIP Code <i>53081</i>
Email Address <i>ministerandcoach@yahoo.com</i>	Phone Number (incl. area code) <i>920-287-9768</i>		
<b>SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)</b>			
Name (Ind., Org. or Entity) <i>Edward Horvat</i>	Contact Person <i>Ed</i>	Title <i>Owner</i>	
Mailing Address <i>1123 Clara Ave</i>	City <i>Sheb, WI</i>	State <i>WI</i>	ZIP Code <i>53081</i>
Email Address <i>eddie1123@hotmail.com</i>	Phone Number (incl. area code) <i>920-980-0780</i>		
<b>SECTION 3: Architect Information</b>			
Name			
Mailing Address	City	State	Zip
Email Address	Phone Number (incl. area code)		
<b>SECTION 4: Contractor Information</b>			
Name			
Mailing Address	City	State	Zip
Email Address	Phone Number (incl. area code)		
<b>SECTION 5: Certification and Permission</b>			
<b>Certification:</b> 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.			
<b>Permission:</b> 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) <i>Edward Horvat</i>	Title <i>Owner</i>	Phone Number <i>920-980-0780</i>	
Signature of Applicant <i>[Signature]</i>		Date Signed <i>6/17/24</i>	

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	
Name of Proposed/Existing Business:	Personal storage to Boxing <i>Small gym</i>	
Address of Property Affected:	1503 S 42nd St	
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

**SECTION 7: Brief Description of Type of Structure**

Previously HORVATH Decorating Shoppe. Discontinued Business in 2018 & converted to personal storage. Property consists of North half of 1st floor

**SECTION 8: Description of EXISTING Operation or Use**

Storage personal

**SECTION 9: Description of the PROPOSED Operation or Use**

Boxing Gym - Training, Teaching, 1 employee  
6am - 10pm  
On street parking  
Womens self defense class  
4 classes  
Up to 10 people  
1 morning  
3 evening