

VILLAGE OF ELM GROVE
CONDITIONAL USE PERMIT APPLICATION

Please complete this form. Attach additional sheets if necessary.

Applicant Name(s): Teressa Schaepe
Applicant Address: 2160 S. 67th Pl West Allis, WI 53219
Applicant Phone Number: 906-361-4382 Applicant Email: teressas87@yahoo.com
Name of business or development: Phlow
Address of the property: 13000 w. Bluemound Rd Suite 215

Property owner name: Blue Mound Rd. LLC c/o Midwest Management II, LLC
Property owner address: 13435 S. McCall Rd #16 Box #348 Port Charlotte, FL 33981

Architect/Professional Engineer and or Contractor Information (if applicable):

Name(s): N/A
Address(s): N/A

Description of the property by lot, block, and recorded subdivision or by metes and bounds:

P4 SE 1/4 SEC 25 T7N R20E; COM INTERSEC NLY LI BLUEMOUND RD & WLY LI COLUMBIA BL;
S84°05'02"W 150.00 FT THE BGN; N05°54'58"W 280 FT; N84°05'02"E 117.00 FT; S05°54'58"E 280.00 FT;
S84°05'02"W 117.00 FT TO BGN :: EX HWY; DOC # 4266070

Proposed operation or use of the structure or site: Phlow will be a massage therapy business. I, Teressa, have been a licensed therapist for nine years. I practice many modalities and specialize in Myofascial Release.

Tax Key Number: EGV 1108981 Zoning District: B-3 Mid-Rise office/Professional
Please attach the following information to this application

1. A survey prepared by registered surveyor identifying criteria located in §335-86 B(3). If a floodplain property, identify criteria located in §335-86 B(4)
2. All opposite and abutting property owners of record.
3. Additional information requested by Village Board, Plan Commission, Engineer or Zoning Administrator.
4. Any additional information provided by applicant.

Signature of Applicant: Teressa Schaepe Date: 11-3-18