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) Quasius Construction Co	Authorized Representative Josh Salm	Title Project Manager	
Mailing Address 1202A North 8th St	City Sheboygan	State WI	ZIP Code 53082
Email Address jsalm@quasius.com	Phone Number (incl. area code) 920-395-1238		

SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) Reichgeld Properties	Contact Person Alicia Reichgeld	Title	
Mailing Address 1821 Calumet Drive	City Sheboygan	State WI	ZIP Code 53081
Email Address atomicartshq@gmail.com	Phone Number (incl. area code) 920-458-4171		

SECTION 3: Project or Site Location	
Project Address/Description 1821 Calumet Dr + 1803 Calumet Dr	Parcel No. 59281620080 + 59281620090

SECTION 4: Proposed Conditional Use	
Name of Proposed/Existing Business:	Faye's Pizza
Existing Zoning:	Urban Commercial District
Present Use of Parcel:	Restaurant & vacant building
Proposed Use of Parcel:	Indoor Commercial Entertainment, Restaurant, Food Processing, Shipping/Receiving, Parking Lot
Present Use of Adjacent Properties:	Commercial / Residential

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
ALICIA REICHGELD	OWNER	(920) 254-6439
Signature of Applicant		Date Signed 02/02/2026

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.