



CITY OF SHEBOYGAN
SPECIAL USE AND SITE PLAN REVIEW
APPLICATION

Fee: \$100

Review Date: _____

Zoning: _____

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

SECTION 1: Applicant/ Permittee Information

Name (Ind., Org. or Entity) <u>Cycle Shepherd LLC</u>	Authorized Representative <u>Lauren Hydock</u>	Title <u>owner</u>	
Mailing Address <u>333 Phillip Dr.</u>	<u>DBA cycle state</u>	State <u>WI</u>	ZIP Code <u>53044</u>
Email Address <u>adamg@vhcars.com</u>	Phone Number (incl. area code) <u>920.207.3122</u>		

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

Name (Ind., Org. or Entity) <u>Christopher Kidd III LLC</u>	Contact Person <u>Christopher Kidd</u>	Title <u>owner of Building</u>	
Mailing Address <u>15300 Kata Dr.</u>	City <u>Elm Grove</u>	State <u>WI</u>	ZIP Code <u>53122</u>
Email Address <u>C.Kidd@cka-ae.com</u>	Phone Number (incl. area code) <u>1414 2174227</u>		

SECTION 3: Architect Information

Name			
Mailing Address	City	State	Zip
Email Address	Phone Number (incl. area code)		

SECTION 4: Contractor Information

Name			
Mailing Address	City	State	Zip
Email Address	Phone Number (incl. area code)		

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 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.

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) <u>Christopher Kidd</u>	Title <u>owner</u>	Phone Number <u>14142174227</u>
Signature of Applicant		Date Signed

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:

Address of Property Affected:

New Building: ☐Addition: ☐Remodeling: ☐**SECTION 7: Brief Description of Type of Structure**

631 N. 8th Street

- empty space, wood floors, drywalled walls, empty retail space downtown Sheboygan.

SECTION 8: Description of EXISTING Operation or Use

- empty space
- previously used by Whisk as a work space.

SECTION 9: Description of the PROPOSED Operation or Use

Sheboygan's 1st pop up boutique indoor cycling studio. offering a variety of class times, formats led by top talent delivering a wellness experience for all fitness levels. Will also include a retail space for our guests, both members + tourists. A small biz that will drive even more energy and more love to 8th St.