City of Sheboygan spirit on the lake	**CITY OF SHEBOYGAN** **APPLICATION FOR PLANNED UNIT DEVELOPMENT**	**Fee:** $250.00 **Review Date:**

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, INC	Authorized Representative SAM LENOY	Title PROJECT MANAGER	
Mailing Address PO BOX 727	City SHEBOYGAN	State WI	ZIP Code 53082
Email Address SLENOY@QUASIUS.COM	Phone Number (incl. area code) 920-627-8056	Fax Number (incl. area code) N/A	
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) GRATEFUL PROPERTIES, LLC	Contact Person JASON LABOUVE	Title OWNER	
Mailing Address 342 S. PIER DRIVE	City SHEBOYGAN	State WI	ZIP Code 53081
Email Address JASON@LABOUVE.NET	Phone Number (incl. area code) 920-912-8787	Fax Number (incl. area code) N/A	
SECTION 3: Project or Site Location			
Project Address/Description 342 S PIER DRIVE		Parcel No. 59281322033	
SECTION 4: Proposed Planned Unit Development			
Name of Proposed/Existing Business:	EB FLO COFFEEHOUSE		
Existing Zoning:	P.U.D.		
Present Use of Parcel:	COFFEEHOUSE + CONDO		
Proposed Use of Parcel:	SAME AS EXISTING		
Present Use of Adjacent Properties:	VACANT TO THE WEST, MINI GOLF COURSE TO EAST		

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
SAM LENOY	PROJECT MANAGER	920-627-8056
Signature of Applicant		Date Signed
		10/6/2025

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. 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.