

**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) Harvest Street LLC		Authorized Representative Marc Luecke		Title Owner	
Mailing Address 1904 Appletree Road		City Howards Grove		State WI	ZIP Code 53083
Email Address harveststreetfoodtruck@gmail.com			Phone Number (incl. area code) 920-782-0187		
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)					
Applicant Name (Ind., Org. or Entity)		Contact Person		Title	
Mailing Address		City		State	ZIP Code
Email Address			Phone Number (incl. area code)		
SECTION 3: Project or Site Location					
Project Address/Description 1821 Cooper Ave Sheboygan WI 53083			Parcel No. 59281621490		
SECTION 4: Proposed Conditional Use					
Name of Proposed/Existing Business:		Harvest Street Properties, LLC			
Existing Zoning:		Urban Commercial			
Present Use of Parcel:		Auto repair shop			
Proposed Use of Parcel:		Indoor/Outdoor commercial entertainment			
Present Use of Adjacent Properties:					
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) Marc Luecke			Title Owner		Phone Number 920-782-0187
Signature of Applicant <i>Marc Luecke</i>				Date Signed 3-13-26	

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.