

	<b>CITY OF SHEBOYGAN</b>  <b>APPLICATION FOR CONDITIONAL USE</b>	<b>Fee:</b> \$250.00 <b>Review Date:</b> 6/18/2024 <b>Zoning:</b> PUD
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Read all instructions before completing. If additional space is needed, attach additional pages.

<b>SECTION 1: Applicant/ Permittee Information</b>			
Applicant Name (Ind., Org. or Entity) Malibu Apartments, LLC	Authorized Representative Jacob Buswell	Title Partner	
Mailing Address 1525 Torrey View Drive	City Sparta	State WI	ZIP Code 54656
Email Address jake.buswell@allamericandoitcenter.com		Phone Number (incl. area code) 262-623-8348	
<b>SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)</b>			
Applicant Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address		Phone Number (incl. area code)	
<b>SECTION 3: Project or Site Location</b>			
Project Address/Description 1403,1435 S. 7th St. Sheboygan, WI/ approximately 3.8 acres		Parcel No. 59281318390	
<b>SECTION 4: Proposed Conditional Use</b>			
Name of Proposed/Existing Business:		Malibu Apartments	
Existing Zoning:		N/A	
Present Use of Parcel:		Vacant Land	
Proposed Use of Parcel:		Mixed-Use (Multi-family & light commercial)	
Present Use of Adjacent Properties:		Commercial Business, single family	
<b>SECTION 5: Certification and Permission</b>			
<p><b>Certification:</b> 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.</p>			
<p><b>Permission:</b> 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.</p>			
Name of Owner/Authorized Representative (please print) Jake Buswell		Title Partner	Phone Number 262-623-8348
Signature of Applicant <i>Jacob Buswell</i>		Date Signed 6/18/2024	

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.