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)	Authorized Representative	Title	
Harbor View Lofts, LLC	Jacob Buswell	Partner	
Mailing Address	**City**	**State**	**ZIP Code**
[redacted]	Sparta	WI	54656
Email Address		**Phone Number (incl. area code)**	
[redacted]		[redacted]	

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	Parcel No.
636 Wisconsin Ave Sheboygan, WI	59281110440 and 59281111451

SECTION 4: Proposed Conditional Use

Name of Proposed/Existing Business:	Harbor View Lofts
Existing Zoning:	CC
Present Use of Parcel:	vacant land
Proposed Use of Parcel:	Multi-family housing
Present Use of Adjacent Properties:	Multi-family, owner occupied Condo's, single family, commercial

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
JACOB BUSWELL	PARTNER	[redacted]
Signature of Applicant		**Date Signed** 10/1/2026

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.