City of Sheboygan spirit on the lake	**CITY OF SHEBOYGAN** **ARCHITECTURAL REVIEW APPLICATION**	**Fee:** _____ **Review Date:** _____

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

SECTION 1: Applicant/ Permittee Information

Name (Ind., Org. or Entity)	Authorized Representative	Title	
Harbor View Lofts, LLC	Jake Buswell	Partner	
Mailing Address	**City**	**State**	**ZIP Code**
[redacted]Wisconsin Ave	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)

Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	**City**	**State**	**ZIP Code**
Email Address	**Phone Number (incl. area code)**		

SECTION 3: Architect Information

Name			
Knothe & Bruce Architects			
Mailing Address	**City**	**State**	**Zip**
[redacted] Greenway Blvd. Suite 900	Middleton	WI	53562
Email Address	**Phone Number (incl. area code)**		
[redacted]	[redacted]		

SECTION 4: Contractor Information

Name			
Americon Construction			
Mailing Address	**City**	**State**	**Zip**
1201 N Superior Ave	Tomah	WI	54660
Email Address	**Phone Number (incl. area code)**		
[redacted]	[redacted]		

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 Architectural 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)	Title	Phone Number
Jacob Buswell	Partner	[redacted]
Signature of Applicant		**Date Signed**
Jacob Buswell		10/14/2026

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 Architectural Review Board, 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

Project Address/Description	Parcel No.
636 Wisconsin Ave Sheboygan, WI 53081	59281110440 and 59281111451

Name of Proposed/Existing Business:	Harbor View Lofts / No existing business
Address of Property Affected:	636 Wisconsin Ave Sheboygan, WI 53081
Zoning Classification:	Current- CC / Proposed CUP

New Building: ✔ Addition: ✔ Remodeling: ✔

SECTION 7: Description of Proposed Project

New 126 unit Multi-family building and a 10 unit townhome building on the smaller lot.

SECTION 8: Description of EXISTING Exterior Design and Materials

The property is a vacant lot with no structures, as they have been recently removed.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

The proposed buildings are of a contemporary style, featuring an elevated outdoor plaza and private patios or elevated decks for all units. Masonry around the base includes a natural stone veneer and a finished cast stone in a warm light gray tone, while the upper floors alternate between a rich deep ocean blue horizontal siding, a softer blue cedar shake, and white symmetrical paneling. The sloped roof is finished with pewter (charcoal gray) colored shingles and silver metal roofing along with white trim to compliment the white accenting throughout the design.