



CITY OF SHEBOYGAN

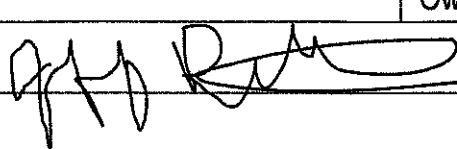
**APPLICATION FOR
CONDITIONAL USE**

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) Capital Investment Properties llc		Authorized Representative Jeff Rittenhouse	
Title Owner			
Mailing Address 1607 Sandstone lane		City Howards Grove	State WI
ZIP Code 53083			
Email Address rhousellc@aol.com		Phone Number (incl. area code) 920-207-6970	
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 1218-1228 N. 8th Sheboygan, WI 53081			Parcel No.
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:	Add Residential units above commercial units		
Existing Zoning:			
Present Use of Parcel:	vacant offices		
Proposed Use of Parcel:	Add residential units to the upstairs 3-5 units		
Present Use of Adjacent Properties:	Soccer store, and beauty salon, and nail shop		
SECTION 5: Certification and Permission			
<p>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.</p> <p>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.</p>			
Name of Owner/Authorized Representative (please print) Jeff Rittenhouse		Title Owner	Phone Number 920-207-6970
Signature of Applicant 		Date Signed	9/9/24

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.