

	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) Jakum Hall Apartments, LLC	Authorized Representative Jacob Buswell	Title Partner	
Mailing Address 1525 Torrey View Dr	City Sparta	State WI	ZIP Code 54656
Email Address jake.buswell@allamericandoitcenter.com	Phone Number (incl. area code) 262-623-8348		
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)			
Applicant Name (Ind., Org. or Entity) City of Sheboygan	Contact Person Ellise Rose	Title Associate Planner	
Mailing Address 828 CENTER AVE STE 105	City Sheboygan	State wi	ZIP Code 53081
Email Address	Phone Number (incl. area code)		
SECTION 3: Project or Site Location			
Project Address/Description 2601 N 15th street Sheboygan, WI		Parcel No. 59281718350 , 59281712930	
SECTION 4: Proposed Conditional Use			
Name of Proposed/Existing Business:	Jakum Hall Apartments		
Existing Zoning:			
Present Use of Parcel:	Vacant		
Proposed Use of Parcel:	PUD , Multi-Family		
Present Use of Adjacent Properties:	Residential housing and commercial retail businesses		
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) Jacob Buswell	Title Partner	Phone Number 262-623-8348	
Signature of Applicant <i>Jacob Buswell</i>	Date Signed 1/21/2025		

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.