



**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) COMPASSION CAREGIVERS, LLC | Authorized Representative CINDA K. VANG, RN | Title ADMINISTRATIVE | |
| Mailing Address 1121 N. 7TH STREET | City SHEBOYGAN | State WI | ZIP Code 53081 |
| Email Address cindavang@compassioncaregiversllc.com | Phone Number (incl. area code) 608-467-9507 | | |

SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)

| | | | |
|--|--|-------------|-------------------|
| Name (Ind., Org. or Entity) CINDA K. VANG, RN | Contact Person SAME | Title | |
| Mailing Address 2104 NORTH 18TH STREET | City MADISON | State WI | ZIP Code 53081 |
| Email Address CINDA_VANG@YAHOO.COM | Phone Number (incl. area code) 920-316-0911 | | |

SECTION 3: Architect Information

| | | | |
|-----------------|--------------------------------|-------|-----|
| Name | | | |
| Mailing Address | City | State | Zip |
| Email Address | Phone Number (incl. area code) | | |

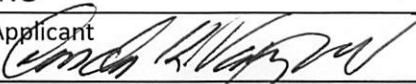
SECTION 4: Contractor Information

| | | | |
|-----------------|--------------------------------|-------|-----|
| Name | | | |
| Mailing Address | City | State | Zip |
| Email Address | Phone Number (incl. area code) | | |

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) CINDA K. VANG | Title OWNER | Phone Number 920-316-0911 |
| Signature of Applicant  | Date Signed 9/25/2028 | |

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

1121 N. 7TH STREET, SHEBOYGAN, WI 53081

Parcel No.

Name of Proposed/Existing Business: COMPASSION CAREGIVERS, LLC

Address of Property Affected:

Zoning Classification:

New Building: Addition: Remodeling: **SECTION 7: Description of Proposed Project**

We are requesting to have the current Cedar woods siding be placing with Vinyl siding. We are unsure of the color at this point but we are moving toward either Beige or Cream color.

SECTION 8: Description of EXISTING Exterior Design and Materials

Currently, the siding is a Hunter Green Cedar Wood with Orange window trims.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

APPLICATION SUBMITTAL REQUIREMENTS

- A. Three 11x17 scale color drawing of all exterior elevations showing the design and appearance of the proposed building or structure.
- B. Three 11 X 17 colored renderings of the proposed building elevations and material samples.
- C. Submit digital plans and drawings of the project by email, flash drive, etc.**
- D. A scale drawing of the site plan showing the relationship of the building to the site and adjacent properties.
- E. A written description of the proposed general design, arrangement, texture, material and color of the building or structure. Describe the relationship of such factors to similar features of buildings located within the same block or located along the frontage or any block across the street from the proposed building or structure for which architectural approval is sought.

OFFICE USE ONLY

ACTION BY ARCHITECTURAL REVIEW BOARD

DATE OF MEETING: _____

APPROVED: _____

CONDITIONALLY APPROVED: _____

DENIED: _____

CONDITIONS

SIGNATURE: _____

Chairperson, Architectural Review Board OR
Manager of Planning & Zoning

DATE: _____