



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) John Sauermilch Jr GC	Authorized Representative Tyler Kober	Title President	
Mailing Address 1717 Cambridge Ave	City Sheboygan	State Wi	ZIP Code 53081
Email Address	Phone Number (incl. area code)		

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

SECTION 4: Contractor Information

Name John Sauermilch Jr GC			
Mailing Address 1717 Cambridge Ave	City Sheboygan	State WI	Zip 53081
Email Address tyler@johnsauermilch.com	Phone Number (incl. area code) 920-287-9670		

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
Signature of Applicant 		Date Signed 4/23/25

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 1717 Cambridge Ave Sheboygan WI		Parcel No.
Name of Proposed/Existing Business:	John Sauermilch Jr GC Inc	
Address of Property Affected:	1717 Cambridge Ave	
Zoning Classification:		
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input checked="" type="checkbox"/>

SECTION 7: Description of Proposed Project

I am looking to improve the exterior of the building located at 1717 Cambridge Ave, this is our office building that has not had any exterior improvements in over 40 years. The project would include 4 new Marvin aluminum clad windows along with new LP Smartside siding horizontal siding on the wall portions of the building and a board and batten style on the gables.

We would also be looking at replacing the existing wood retaining wall that is on the north side of the building, this would be replaced with a concrete retaining wall..

SECTION 8: Description of EXISTING Exterior Design and Materials

At this time the exterior consists of horizontal steel siding that is starting to come loose and fade, the gables on the building consist of a pro-rib steel panel to resemble board and battens.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

The walls will remain with a horizontal LP Smartside siding in an earth tone, siding will go up with a primer and be painted after installed. Paint swatches will be provided at time of meeting.