



**CITY OF SHEBOYGAN**  
**ARCHITECTURAL REVIEW**  
**APPLICATION**

Fee: \_\_\_\_\_  
Review Date: \_\_\_\_\_  
Zoning: \_\_\_\_\_

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

**SECTION 1: Applicant/ Permittee Information**

Name (Ind., Org. or Entity) Steve Rau	Authorized Representative	Title Owner Razor Fitness	
Mailing Address 823 Weilers Way	City Port Washington	State wi	ZIP Code 53074
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) Karen Rau	Contact Person	Title	
Mailing Address 823 Weilers Way	City Port Washington	State WI	ZIP Code 53074
Email Address Kbusie1@yahoo.com	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 Steve Rau (self)			
Mailing Address 823 Weilers Way	City Port Washington	State WI	Zip 53074
Email Address steverazorrau@yahoo.com	Phone Number (incl. area code) 920.254.2420		

**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) Karen Rau	Title Owner	Phone Number 920-254-2420
Signature of Applicant		Date Signed 9-5-23

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 <b>2516 Superior Ave</b>		Parcel No.
Name of Proposed/Existing Business:	Razor Fitness, LLC	
Address of Property Affected:	2516 Superior Ave	
Zoning Classification:		
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input checked="" type="checkbox"/>

**SECTION 7: Description of Proposed Project**

Facial steel added to building for aesthetic purposes. It will be just metal sheeting to existing front of building to add more appeal and to give the building a fresh look. It is not necessary to do this, but would look very nice in the neighborhood. Inside is basic remodeling with drywall to ceiling and tuckpointing to block. Replacing some windows as well.

**SECTION 8: Description of EXISTING Exterior Design and Materials**

Front of building is brick.

**SECTION 9: Description of the PROPOSED Exterior Design and Materials**

The exterior brick will remain the same. The metal sheeting is basically a veneer over existing.