


897

	<b>CITY OF SHEBOYGAN</b>  <b>ARCHITECTURAL REVIEW APPLICATION</b>	Fee: <u>\$100.-</u> Review Date: _____ Zoning: _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

<b>SECTION 1: Applicant/ Permittee Information</b>			
Name (Ind., Org. or Entity) <u>Kwik Trip Inc.</u>	Authorized Representative <u>Ted Cone</u>	Title <u>Project mgr.</u>	
Mailing Address <u>1626 Oak St.</u>	City <u>La Crosse</u>	State <u>WI</u>	ZIP Code <u>54602</u>
Email Address <u>tccone@kwiktrip.com</u>	Phone Number (incl. area code) <u>608-793-5976</u>		
<b>SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)</b>			
Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	City <u>Same</u>	State	ZIP Code
Email Address	Phone Number (incl. area code)		
<b>SECTION 3: Architect Information</b>			
Name <u>River Valley Architects Jamey Rowe</u>			
Mailing Address <u>3300 Birch St.</u>	City <u>Eau Claire</u>	State <u>WI</u>	Zip <u>54703</u>
Email Address	Phone Number (incl. area code) <u>715-832-0875</u>		
<b>SECTION 4: Contractor Information</b>			
Name <u>Kwik Trip Inc. (Ted Cone)</u>			
Mailing Address <u>1626 Oak St.</u>	City <u>La Crosse</u>	State <u>WI</u>	Zip <u>54602</u>
Email Address <u>tccone@kwiktrip.com</u>	Phone Number (incl. area code) <u>608-793-5976</u>		
<b>SECTION 5: Certification and Permission</b>			
<b>Certification:</b> 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.			
<b>Permission:</b> 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) <u>Ted Cone</u>	Title <u>Project mgr</u>	Phone Number <u>608-793-5976</u>	
Signature of Applicant <u>Ted Cone</u>		Date Signed <u>4/8/24</u>	

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

2033 North Ave.

Parcel No.

592 816 02421

Name of Proposed/Existing Business:

Kwik Trip Inc.

Address of Property Affected:

Same

Zoning Classification:

UC Urban Commercial

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

Attach 220 sq ft walk in freezer to existing store

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

Brick siding, metal trim, rubber roof

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

Same as existing









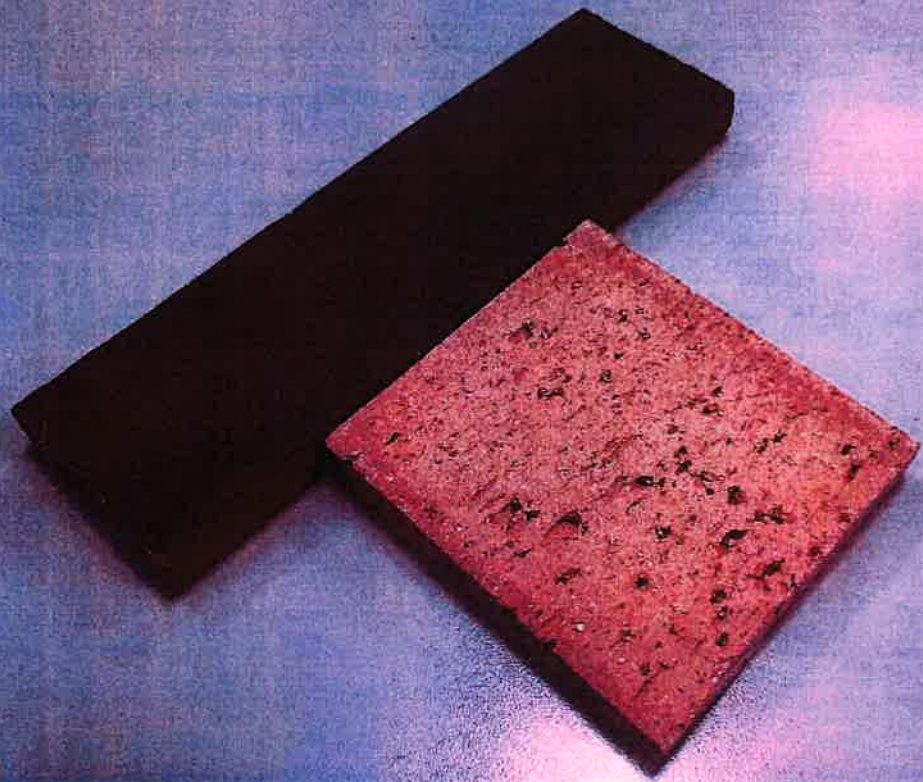
ARCH. SITE PLAN  
1" = 30'-0"

[illegible]

A5001

KWIK TRIP #897  
FREEZER / COOLER ADDITION.  
2033 NORTH AVE. SHEBOYGAN, WI 53083





City of Sheboygan

April 4, 2024

Please accept this letter as the required general description of a small building addition we are proposing for our store located at 2033 North Avenue. We are seeking a building permit to attach a 233 square foot walk-in freezer to the sidewall of our existing retail store. We will match the design, arrangement, texture, material and color to the existing store architecture. Required plans are included in this submittal.

Sincerely,



Ted Cone  
Project Manager  
Kwik Trip Inc.