	CITY OF SHEBOYGAN ARCHITECTURAL REVIEW APPLICATION	Fee: _____ Review Date: _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information

Name (Ind., Org. or Entity) Milbrew Holdings	Authorized Representative Corbin Terlip	Title	
Mailing Address 27 Central Avenue	City Cortland	State NY	ZIP Code 13045
Email Address	Phone Number (incl. area code) Kevin [redacted]		

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

Name (Ind., Org. or Entity) Sheboygan Store LLC	Contact Person Dhaval Patel	Title owner	
Mailing Address 2357 Kiowa Drive	City Grafton	State WI	ZIP Code 53024-2828
Email Address	Phone Number (incl. area code)		

SECTION 3: Architect Information

Name Tricia Caswell			
Mailing Address 100 Camelot Drive	City Fond du Lac	State WI	Zip 54935
Email Address	Phone Number (incl. area code)		

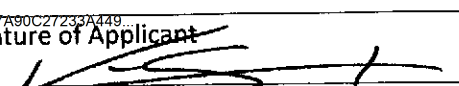
SECTION 4: Contractor Information

Name Design 2 Construct			
Mailing Address N173 W21010 Northwest Passage	City Jackson	State WI	Zip 53037
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) Kevin Schmidt 4/30/2026	Title owner	Phone Number [redacted]
Signature of Applicant 		Date Signed 4/30/2026

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 3715 Washington Ave		Parcel No.
Name of Proposed/Existing Business:	7 Brew	
Address of Property Affected:	Same	
Zoning Classification:	SC - Suburban Commercial	
New Building: <input checked="" type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Description of Proposed Project

SECTION 8: Description of EXISTING Exterior Design and Materials

NA, Site is currently vacant

SECTION 9: Description of the PROPOSED Exterior Design and Materials

The proposed 7 Brew will be a single story 530 s.f. coffee shop and a 280 s.f. stand-alone cooler building. Both buildings will be finished with Nichiha fiber cement siding.