



**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) 2107 Fifteen LLC	Authorized Representative NAUROOP GILL	Title OWNER.	
Mailing Address 12577 000 Lake Aire Dr.	City Sheboygan	State WI	ZIP Code 53081
Email Address geeleproperty@gmail.com	Phone Number (incl. area code) 920-698-0567		

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

Name (Ind., Org. or Entity) 2107 Fifteen NAUROOP GILL LLC	Contact Person NAUROOP GILL	Title OWNER.	
Mailing Address 2110 LAKE AIRE DR.	City SHEBOYGAN	State WI	ZIP Code 53081
Email Address geeleproperty@gmail.com	Phone Number (incl. area code) 920-698-0567		

SECTION 3: Architect Information

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

SECTION 4: Contractor Information

Name Quality Interiors.			
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) NAUROOP GILL (2019 Fifteen LLC)	Title owner	Phone Number 920-698-0567
Signature of Applicant Nauroop Gill		Date Signed 07/21/24

MAN 358 0600

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 1428-1426 Heerman Sheboygan		Parcel No.
Name of Proposed/Existing Business:	Rental	
Address of Property Affected:	1428-1426 Heerman Ave Sheboygan WI 53081	
Zoning Classification:		
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input checked="" type="checkbox"/>

SECTION 7: Description of Proposed Project

Changing wood siding with vinyl siding.
Changing existing windows with new.

SECTION 8: Description of EXISTING Exterior Design and Materials

WOOD.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

Samples Attached vinyl -