



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) KLUNCK MASONRY, LLC	Authorized Representative JIM KLUNCK	Title OWNER	
Mailing Address 2704 S 18TH STREET	City SHEBOYGAN	State WI	ZIP Code 53081
Email Address klunckmasonry@yahoo.com		Phone Number (incl. area code) 920-980-1377	

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

Name (Ind., Org. or Entity) KLUNCK MASONRY, LLC	Contact Person JIM KLUNCK	Title OWNER	
Mailing Address 1422 S 15TH STREET	City SHEBOYGAN	State WI	ZIP Code 53081
Email Address klunckmasonry@yahoo.com		Phone Number (incl. area code) 920-980-1377	

SECTION 3: Architect Information

Name Nate Hayon			
Mailing Address 2316 N 27th Place	City Sheboygan	State WI	Zip 53083
Email Address nhayon3310@gmail.com		Phone Number (incl. area code)	

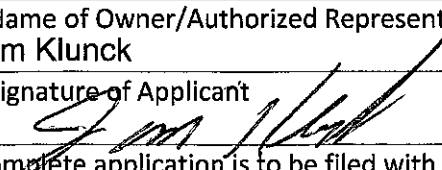
SECTION 4: Contractor Information

Name KLUNCK MASONRY LLC			
Mailing Address 2704 S 18TH STREET	City SHEBOYGAN	State WI	Zip 53081
Email Address klunckmasonry@yahoo.com		Phone Number (incl. area code) 920-980-1377	

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) Jim Klunck	Title Owner	Phone Number 920-980-1377
Signature of Applicant 		Date Signed 5/6/2025

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 1422 S 15th Street Sheboygan WI 53081		Parcel No. 59281509920
Name of Proposed/Existing Business:	KLUNCK MASONRY, LLC	
Address of Property Affected:	1422 S 15TH STREET	
Zoning Classification:	LIGHT COMMERCIAL	
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Description of Proposed Project

Addition to existing shop
41 x 80 building with 2 overhead doors
It will be used mainly for storage for equipment

SECTION 8: Description of EXISTING Exterior Design and Materials

Main building is block

SECTION 9: Description of the PROPOSED Exterior Design and Materials

The exterior of the new addition will be steel siding to match color of original building and metal roof. There will be 2 overhead doors and 1 service door. Possibly 2 windows