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|  | <b>CITY OF SHEBOYGAN</b><br><br><b>ARCHITECTURAL REVIEW APPLICATION</b> | <b>Fee:</b> _____         |  |
|   |   | <b>Review Date:</b> _____ |  |

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

| SECTION 1: Applicant/ Permittee Information  |  |   |                                     |
|--|--|---|-------------------------------------|
| <b>Name (Ind., Org. or Entity)</b><br>DSDH GERB, LLC   |  | <b>Authorized Representative</b><br>Dave Herbeck      |                                     |
| <b>Title</b><br>Member   |  |   |                                     |
| <b>Mailing Address</b><br>2601 E. Gateway Dr.  |  | <b>City</b><br>Appleton                               | <b>State</b><br>WI                  |
|  |  | <b>ZIP Code</b><br>54915                              |                                     |
| <b>Email Address</b><br>dave@herbeckdevelopment.com  |  | <b>Phone Number (incl. area code)</b><br>920-428-9028 |                                     |
| SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)   |  |   |                                     |
| <b>Name (Ind., Org. or Entity)</b><br>3036, LLC  |  | <b>Contact Person</b><br>Thomas Schaefer              |                                     |
| <b>Title</b><br>Member   |  |   |                                     |
| <b>Mailing Address</b><br>2551 North Wahl Avenue   |  | <b>City</b><br>Milwaukee                              | <b>State</b><br>WI                  |
|  |  | <b>ZIP Code</b><br>53211-3825                         |                                     |
| <b>Email Address</b><br>baysidemgmtllc.com   |  | <b>Phone Number (incl. area code)</b><br>414-840-6667 |                                     |
| SECTION 3: Architect Information   |  |   |                                     |
| <b>Name</b><br>Excel Engineering, Inc. - Jay Johnson   |  |   |                                     |
| <b>Mailing Address</b><br>100 Camelot Drive  |  | <b>City</b><br>Fond du Lac                            | <b>State</b><br>WI                  |
|  |  | <b>Zip</b><br>54935                                   |                                     |
| <b>Email Address</b><br>archretail@excelengineer.com   |  | <b>Phone Number (incl. area code)</b><br>920-926-9800 |                                     |
| SECTION 4: Contractor Information  |  |   |                                     |
| <b>Name</b><br>MDS Construction Services LLC   |  |   |                                     |
| <b>Mailing Address</b><br>9251 Willow Lane   |  | <b>City</b><br>Fremont                                | <b>State</b><br>WI                  |
|  |  | <b>Zip</b><br>54940                                   |                                     |
| <b>Email Address</b><br>mason@mds-constructionservices.com   |  | <b>Phone Number (incl. area code)</b><br>9205857815   |                                     |
| SECTION 5: Certification and Permission  |  |   |                                     |
| <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.   |  |   |                                     |
| <b>Name of Owner/Authorized Representative (please print)</b><br>Thomas Schafer - 3036, LLC  |  | <b>Title</b><br>sole member                           | <b>Phone Number</b><br>414-840-6667 |
| <b>Signature of Applicant</b><br>   |  | <b>Date Signed</b><br>5-7-25                          |                                     |

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**

proposed new construction on current vacant lot located by Firestone Auto Care, Culvers, &amp; Piggly Wiggly

**Parcel No.**

59281431757

**Name of Proposed/Existing Business:**

Gerber Collision

**Address of Property Affected:**

South Business Drive II

**Zoning Classification:**

Suburban Commercial

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

The façade (south) will address the public entering the facility with timeless materials of brick and decorative block using colors and textures similar to adjacent developments. The entrance will be identified with a cantilevered canopy, signage band and storefront glazing to provide transparency to the customer area. The remainder of the building will be clad with a vertical metal panel that will be softened to the public by the screen fence and buffer landscaping.

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

n/a

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

Timeless materials of brick and decorative block using colors and textures similar to adjacent developments. A cantilevered canopy, signage band and storefront glazing. The remainder of the building will be clad with a vertical metal panel.

## **APPLICATION SUBMITTAL REQUIREMENTS**

- A. Three 11x17 scale color drawing of all exterior elevations showing the design and appearance of the proposed building or structure.
- B. Three 11 X 17 colored renderings of the proposed building elevations and material samples.
- C. Submit digital plans and drawings of the project by email, flash drive, etc.**
- D. A scale drawing of the site plan showing the relationship of the building to the site and adjacent properties.
- E. A written description of the proposed general design, arrangement, texture, material and color of the building or structure. Describe the relationship of such factors to similar features of buildings located within the same block or located along the frontage or any block across the street from the proposed building or structure for which architectural approval is sought.

OFFICE USE ONLY

**ACTION BY ARCHITECTURAL REVIEW BOARD**

DATE OF MEETING: \_\_\_\_\_

APPROVED: \_\_\_\_\_ CONDITIONALLY APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

**CONDITIONS**

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SIGNATURE: \_\_\_\_\_

Chairperson, Architectural Review Board OR  
Manager of Planning & Zoning

DATE: \_\_\_\_\_