

CITY OF SHEBOYGAN

ARCHITECTURAL REVIEW APPLICATION

Fee:			
Revie	w Date:		

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

SECTION 1: Applicant/ Permittee Infor	mation					
Name (Ind., Org. or Entity) A.C.E. Building Service, Inc.	Authorized Repres Chris Herzog	entative	Title Presider	nt		
Mailing Address 3510 S. 26th St.	City Manitowoc		State WI		ZIP Code 54220	
Email Address cherzog@acebuildingservice	e.com	Phone Number (in 920-682-6105		2)		
SECTION 2: Landowner Information (C	omplete These Field	ls When Project Site	Owner is D	ifferent t	han Applicant)
Name (Ind., Org. or Entity) Torginol, Inc.	Contact Person Tom Testwuid	le	Title President			
Mailing Address 4617 S. Taylor Dr.	^{City} Sheboygan		State WI		ZIP Code 53081	
Email Address		Phone Number (incl. area code) 920-694-4800				
SECTION 3: Architect Information						
Name A.C.E. Building Service, Inc.						
Mailing Address 3510 S. 26th St.	City Manitowoc		State WI		Zip 54220	
Email Address kreuter@acebuildingservice.	Phone Number (incl. area code) 920-682-6105					
SECTION 4: Contractor Information						
Name A.C.E. Building Service, Inc.						
Mailing Address 3510 S. 26th St.	City Manitowoc		State WI		^{Zip} 54220	
Email Address kreuter@acebuildingservice.	com	Phone Number (in 920-682-6105	cl. area code	2)		
SECTION 5: Certification and Permission						
Certification: I hereby certify that I am the subject of this Architectural Review attachments are true and accurate. I ce failure to comply with any or all of the forfeiture under the provisions of appli Permission: I hereby give the City perm	Application. I certife ertify that the projec provisions of the per cable laws. hission to enter and i	y that the information t will be in compliand the result in perior the property	on contained ce with all co rmit revocat at reasonab	I in this foo onditions tion and	orm and . I understand a fine and/or	that
notice and application, and to determine compliance with any resulting permit coverage. Name of Owner/Authorized Representative (please print) Title Phone Number						
Name of Owner/Authorized Representative (please print) Chris Herzog		Title President	(920) 6	amber 82-6105	
Signature of Applicant Date Signed 8/19/2024						
Complete application is to be filed with t	the Donartment of C	ity Dovolonment 02	O Contor A.	onue Co	to 200 To bo	

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 o	of the Subject Site/Propos	sed Project	
Project Address/Descripti 3217 Behrens Parkw		l 53081	Parcel No. 59281479085
Name of Proposed/Existin			
Address of Property Affect		rens Parkway, Sheboygan,	. WI 53081
Zoning Classification:	Suburban		,
New Building:	Addition:		Remodeling:
SECTION 7: Description o			
The proposed buildin a 4,116 square foot of flow and create a meanutdoors. The link wi	g connecting link color 8,085 square foot ans for employees to ill be constructed in the building that comp	connecting link to allow o travel between buildin the same means and m	orginol plans to construct either for a more streamlined process gs without the need to travel ethods as the existing structure, ilding in terms of color scheme,
metal accent bands for	exterior consists of reaturing a third color	metal building wall paner. Large windows are si	els with alternating colors and ituated high on the walls as an ge expanses of wall panel.
•	ing link exterior woul	d consist of metal build	ing wall panel that will match the
profile and color of th	e main building prim	ary color.	