

### **CITY OF SHEBOYGAN**

# ARCHITECTURAL REVIEW APPLICATION

Fee:	
Review Date:	
Zoning:	

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

mation							
Authorized Representative Todd Basler		Title Owner					
City Sheboygan		State WI	ZIP Code 53081				
Email Address lawoffice@rothandbasler.com		Phone Number (incl. area code) 920-457-5097					
SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)							
Contact Person		Title					
City		State	ZIP Code				
Phone Number (inc		cl. area code)					
	I						
SECTION 3: Architect Information  Name n/a							
City		State	Zip				
Phone Number (in		cl. area code)					
City Sheboygan		State WI	Zip 53083				
Email Address Phone Number (incl. area code) shremoinc@gmail.com 920-803-9973			)				
n							
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.							
ative (please print)	Title Owner		Phone Number 20-457-5097				
Signature of Applicant			Date Signed 8ーンレーズ				
	City City City City City City City City	Authorized Representative Todd Basler  City Sheboygan  Phone Number (in 920-457-5097)  Omplete These Fields When Project Site Contact Person  City  Phone Number (in 920-803-9973)  Phone Number (in 920-803-9973)  On the owner or authorized representative Application. I certify that the information or authorized representative in Application. I certify that the information or authorized representative in Provisions of the permit may result in percable laws.  Dission to enter and inspect the property the compliance with any resulting permit fative (please print)  Title	Authorized Representative Title Owner  City Sheboygan  Phone Number (incl. area code 920-457-5097  Complete These Fields When Project Site Owner is Did on the Number (incl. area code 920-457-5097  Contact Person  Title  City  Phone Number (incl. area code 920-803-9973  City  State  Phone Number (incl. area code 920-803-9973  City Sheboygan  Phone Number (incl. area code 920-803-9973  City Sheboygan  Phone Number (incl. area code 920-803-9973  City State Will Phone Number (incl. are				

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 641 R	iverfront Drive	Parcel No. 59281109518, 515, 516, & 517	
Name of Proposed/Existing Business:	Harborside Condominium		
Address of Property Affected:	641 Riverfront Drive		
Zoning Classification:		<u> </u>	
		Remodeling: 🗸	
SECTION 7: Description of Proposed Pr	oject		
New siding to replace rotted ceda	ar wood.		
SECTION 8: Description of EXISTING Ex	terior Design and Materials		
	ood siding which is not holding up	to the weather and is easy for	
critters such as squirrels and mice	e to tear apart and make nests.		
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<b>SECTION 9: Description of the PROPOS</b>	ED Exterior Design and Materials		
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	ith LP Smartside siding. The new r		
sharty look of the parth side of the	artside would allow us to maintain	the same cedar sided sea	
weather and critters.	e riverfront while providing better p	protection of the building from	
weather and chiters.			
On 8/21/2024 this material was br	ought before the Redevelopment.	Authority and approved for use	
instead of the current cedar siding		Additionly and approved for use	
	j.		

#### **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 ME	ETING:				
APPROVED:		CONDITIONALLY APPROVED:			
DENIED:					
CONDITIONS					
•		,			
SIGNATURE:	Chairperson, Architectura	al Review Board OR	DATE:		
	Manager of Planni				