

	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) <i>SBGA Sheboygan Blueline Association</i>		Authorized Representative <i>Nels Quaderbush</i>	
Mailing Address [REDACTED]		City <i>Sheboygan</i>	Title <i>Treasurer</i>
Email Address [REDACTED]		State <i>WI</i>	ZIP Code <i>53081</i>
Phone Number (incl. area code) [REDACTED]			
SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)			
Name (Ind., Org. or Entity) <i>Kohler Co.</i>		Contact Person <i>Nikki Patterson</i>	
Mailing Address [REDACTED]		City <i>Kohler</i>	Title <i>Attorney</i>
Email Address [REDACTED]		State <i>WI</i>	ZIP Code <i>53044</i>
Phone Number (incl. area code) [REDACTED]			
SECTION 3: Architect Information			
Name _____			
Mailing Address _____	City _____	State _____	Zip _____
Email Address _____	Phone Number (incl. area code) _____		
SECTION 4: Contractor Information			
Name _____			
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) <i>Nels Quaderbush - SBGA Org.</i>		Title <i>Treasurer</i>	Phone Number [REDACTED]
Signature of Applicant <i>Nels Quaderbush</i>		Date Signed <i>9/22/21</i>	

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.