City of Sheboygan spirit on the lake	**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)	Authorized Representative	Title	
A.C.E. Building Service, Inc.	Kyle Reuter	PM/Estimator	
Mailing Address	**City**	**State**	**ZIP Code**
3510 S. 26th St.	Manitowoc	WI	54220
Email Address	[redacted]	**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)	Contact Person	Title	
Torginol, Inc.	Jason LaBouve	President	
Mailing Address	**City**	**State**	**ZIP Code**
4617 S. Taylor Dr.	Sheboygan	WI	53081
Email Address	[redacted]	**Phone Number (incl. area code)**	[redacted]

SECTION 3: Architect Information

Name			
A.C.E. Building Service, Inc.			
Mailing Address	**City**	**State**	**Zip**
3510 S. 26th St.	Manitowoc	WI	54220
Email Address	[redacted]	**Phone Number (incl. area code)**	[redacted]

SECTION 4: Contractor Information

Name			
A.C.E. Building Service, Inc.			
Mailing Address	**City**	**State**	**Zip**
3510 S. 26th St.	Manitowoc	WI	54220
Email Address	[redacted]	**Phone Number (incl. area code)**	[redacted]

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)	Title	Phone Number
Kyle Reuter	PM/Estimator	[redacted]
Signature of Applicant		**Date Signed**

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	Parcel No.
3217 Behrens Parkway, Sheboygan, WI 53081	59281479085

Name of Proposed/Existing Business:	Torginol, Inc.
Address of Property Affected:	3217 Behrens Parkway, Sheboygan, WI 53081
Zoning Classification:	Neighborhood Commerical

New Building: ☐ Addition: ☐ Remodeling: ☐

SECTION 7: Description of Proposed Project

Torginol is a manufacturer of end use materials for the resinous flooring industry. This addition to their existing facility will be used as warehouse space to store these materials.

SECTION 8: Description of EXISTING Exterior Design and Materials

The existing building exterior consists of metal building wall panels with alternating colors and metal accent bands featuring a third color. The exterior also features windows for additional aesthetic appeal.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

The new building addition exterior would consist of metal building wall panels with alternating colors and metal accent bands featuring a third color. The exterior also features windows for additional aesthetic appeal.

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: _____ DATE: _____

Chairperson, Architectural Review Board OR
Manager of Planning & Zoning