

CITY OF SHEBOYGAN

ARCHITECTURAL REVIEW APPLICATION 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) KAMUEST BRAHMBHATT	Authorized Representative KAMLESH BRAHMBH ATT		Title	
Mailing Address 905 ELTE AVE	SHEBOYCAN		State いい	ZIP Code
Email Address FOUNTAIN PARK DP @ CM	Phone Number (inc			
SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)				
Name (Ind., Org. or Entity) SAME AF Above	Contact Person		Title	
Mailing Address	City		State	ZIP Code
Email Address	Phone Number (inc		il. area code)	
Name CULLY CORNER				
CULLY CORNER Mailing Address 915 Elie AVE	City SHEBOYCAN		State ;	Zip 53081
Phone Number (incl. area code) FOUNTAINPALY BY EUMCH. COM PLO - 207-1985				
Name				
Mailing Address	City		State	Zip
Email Address		Phone Number (inc	l. 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) Title Kamlesh Boghmbhst				e Number 3~2。7-8985
Signature of Applicant,			Date Signed	Ч

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.