



**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) <b>ALEX PAWTECH</b>	Authorized Representative	Title <b>CONTRACTOR</b>	
Mailing Address <b>2432 BARNETT LN</b>	City <b>GRAFTON</b>	State <b>WI</b>	ZIP Code <b>53024</b>
Email Address <b>APCRAFTSMAN@GMAIL.COM</b>	Phone Number (incl. area code) <b>414 581 1889</b>		

**SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)**

Name (Ind., Org. or Entity) <b>TOM SHOWERS</b>	Contact Person	Title <b>OWNER</b>	
Mailing Address <b>1405 WOODLAWN AVE</b>	City <b>ELM GROVE</b>	State <b>WI</b>	ZIP Code <b>53122</b>
Email Address <b>TOM.SHOWERS@HOMESTORES.COM</b>	Phone Number (incl. area code) <b>1 262 227 4141</b>		

**SECTION 3: Architect Information**

Name			
Mailing Address	City	State	Zip
Email Address	Phone Number (incl. area code)		

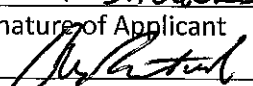
**SECTION 4: Contractor Information**

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) <b>TOM SHOWERS</b>	Title	Phone Number <b>414 581 1889</b>
Signature of Applicant  <b>ALEX PAWTECH</b>		Date Signed <b>7-7-25</b>

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.

2722 N. 21st ST

Name of Proposed/Existing Business:

Address of Property Affected:

Zoning Classification:

New Building: ☐Addition: ☐Remodeling: ☒**SECTION 7: Description of Proposed Project**

SIDING

**SECTION 8: Description of EXISTING Exterior Design and Materials**

T11

**SECTION 9: Description of the PROPOSED Exterior Design and Materials**

LP SMARTSIDE SHEET GOODS AND 1x2 TRIM