

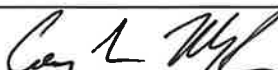


CITY OF SHEBOYGAN
ARCHITECTURAL REVIEW
APPLICATION

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) Quorum Architects Inc.	Authorized Representative Matthew Edwards	Title Architect	
Mailing Address 3112 W. Highland Blvd.	City Milwaukee	State WI	ZIP Code 53208
Email Address matthew@quorumarchitects.com		Phone Number (incl. area code) (414) 736-3210	
SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)			
Name (Ind., Org. or Entity) Rogers Memorial Hospital	Contact Person Cory Majszak	Title Vice President of Development	
Mailing Address 34700 Valley Rd	City Oconomowoc	State WI	ZIP Code 53066
Email Address cory.majszak@rogersbh.org		Phone Number (incl. area code) (262) 364-7776	
SECTION 3: Architect Information			
Name Matthew Edwards, Principal Project Architect			
Mailing Address 3112 W. Highland Blvd.	City Milwaukee	State WI	Zip 53208
Email Address matthew@quorumarchitects.com		Phone Number (incl. area code) (414) 736-3210	
SECTION 4: Contractor Information			
Name Keith Isken, Jos. Schmitt Construction			
Mailing Address 2104 Union Ave.	City Sheboygan	State WI	Zip 53081
Email Address kisken@jschmitt.cc		Phone Number (incl. area code) (920) 694-3602	
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) Cory Majszak		Title Vice President of Development	Phone Number (262) 364-7776
Signature of Applicant 		Date Signed 4/14/2026	

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 1108 S. Wildwood Ave., Sheboygan, WI 53081		Parcel No. 59281215710
Name of Proposed/Existing Business:	Rogers Behavioral Health - Outpatient Clinic Addition	
Address of Property Affected:	1108 S. Wildwood Ave., Sheboygan, WI 53081	
Zoning Classification:	Suburban Office District (SO)	
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Description of Proposed Project

New 1,260 square foot 1-story addition to existing 1-story wood framed 'B' Business occupancy building.

SECTION 8: Description of EXISTING Exterior Design and Materials

Existing building is 1-story wood framed office building with cement board horizontal siding, LP SmartSide board shake siding (on gable ends) with decorative veneer stone. Pitched roofs are primarily asphalt shingle and standing seam metal roofing materials. Existing windows are mix of fixed fiberglass and aluminum.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

New exterior design of addition will match the existing building in form and materials. New LP SmartSide board horizontal siding, LP SmartSide board cedar shake siding (on gable ends) and decorative veneer stone to match existing. New pitched roofs will be primarily asphalt shingles and standing seam metal roofing to match existing. New windows and doors will be a mix of fixed fiberglass and aluminum.

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

SIGNATURE: _____

Chairperson, Architectural Review Board OR
Manager of Planning & Zoning

DATE: _____