



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) Velstand Commercial Properties, LLC	Authorized Representative Greg Monson	Title Member	
Mailing Address PO Box 689	City Sheboygan	State WI	ZIP Code 53082
Email Address greg.monson@edwardjones.com		Phone Number (incl. area code) 920-458-3242	
SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)			
Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address		Phone Number (incl. area code)	
SECTION 3: Architect Information			
Name John Dolan			
Mailing Address 318 Washington Ave	City Stevens Point	State WI	Zip 54481
Email Address jad.architecture@yahoo.com		Phone Number (incl. area code) 715-498-9907	
SECTION 4: Contractor Information			
Name Greg Monson			
Mailing Address PO Box 689	City Sheboygan	State WI	Zip 53082
Email Address greg.monson@edwardjones.com		Phone Number (incl. area code) 920-458-3242	
SECTION 5: Certification and Permission			
<p>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.</p> <p>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.</p>			
Name of Owner/Authorized Representative (please print) Greg Monson		Title Member	Phone Number 920-458-3242
Signature of Applicant 		Date Signed 04/28/2026	

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 3019 Superior Avenue, Sheboygan, WI 53081		Parcel No. 59281211312
Name of Proposed/Existing Business:	Edward Jones Investments	
Address of Property Affected:	3019 Superior Avenue, Sheboygan, WI 53081	
Zoning Classification:	Commercial	
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Description of Proposed Project

- Expansion of existing office to go from four employees to approximately ten employees
- Improved building esthetics and parking
- Eliminate old foundation from part of existing building
- Bury existing powerlines
- Improve storm water runoff

SECTION 8: Description of EXISTING Exterior Design and Materials

- White siding
 - Green shingled roof
- (see submitted photos)

SECTION 9: Description of the PROPOSED Exterior Design and Materials

- LP siding
 - Stone wainscoting and entrance
 - Shingled roof
- (see submitted picture)



Edward Jones