



CITY OF SHEBOYGAN
ARCHITECTURAL REVIEW
APPLICATION

Fee: **\$100**
Review Date: **08/26/2025**

Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information

Name (Ind., Org. or Entity) Bunman, LLC	Authorized Representative John Johnston	Title Owner	
Mailing Address 1227 Superior Avenue	City Sheboygan	State WI	ZIP Code 53081
Email Address bunman@johnstonsbakery.com		Phone Number (incl. area code) (920) 458-3342	

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 Distinctive Design Studio - Jason Ahrens			
Mailing Address 215 Pine Street	City Sheboygan Falls	State WI	Zip 53085
Email Address jason@distinctivedesignstudio.com		Phone Number (incl. area code) (920) 458-5584	


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) Jason Ahrens (Agent of Owner)	Title Project Architect	Phone Number (920) 458-5584
Signature of Applicant 		Date Signed 08/04/2025

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 Johnston's Bakery Addition		Parcel No. 59281470691
Name of Proposed/Existing Business:	Johnston's Bakery Frozen Dough Plant	
Address of Property Affected:	3220 Weeden Creek Road	
Zoning Classification:	SI - Suburban Industrial	
New Building: <input type="checkbox"/>	Addition: <input checked="" type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Description of Proposed Project

The project consists of an expansion to the freezer at Johnston's Bakery Frozen Dough facility.

SECTION 8: Description of EXISTING Exterior Design and Materials

The existing facility is a pre-engineered metal building clad in light tan vertical metal siding. A 30" concrete block wainscot is present on the west and south elevations. The production area has a dark brown standing seam metal roof. The current freezers are enclosed with painted metal-clad panels in a neutral color and have low-slope membrane roofs.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

The proposed freezer addition will be designed to closely match the existing structure. It will utilize metal-clad freezer panels painted to match the existing neutral tone, and the roof will be a low-slope membrane consistent with the adjacent freezer.

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: _____