



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)	Authorized Representative	Title	
Rickman Architecture + Design	Rachel Cook	Executive Assistant	
Mailing Address	City	State	ZIP Code
224 West Montgomery St	Villa Rica	GA	30180
Email Address	Phone Number (incl. area code)		
rc@radga.com	678 282 7974		

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

Name (Ind., Org. or Entity)	Contact Person	Title	
Weill Center Foundation	Katy Glodosky	Executive Director	
Mailing Address	City	State	ZIP Code
826 N 8th St	Sheboygan	WI	53081
Email Address	Phone Number (incl. area code)		
kglodosky@weillcenter.com	920 208 3243		

SECTION 3: Architect Information

Name			
Michael Rickman, Rickman Architecture + Design			
Mailing Address	City	State	Zip
224 West Montgomery St	Villa Rica	GA	30180
Email Address	Phone Number (incl. area code)		
mr@radga.com	678 282 7974		

SECTION 4: Contractor Information

Name			
Quasius Construction			
Mailing Address	City	State	Zip
1202 A, N 8th St	Sheboygan	WI	53082
Email Address	Phone Number (incl. area code)		
cleapley@quasius.com	920 457 5585		

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	Phone Number
Michael Rickman	Owner, RAD	678 282 7974
Signature of Applicant 		Date Signed
		09/03/2025

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 826 N 8th St Sheboygan, WI		Parcel No. 59281107120
Name of Proposed/Existing Business:	Weill Center Foundation	
Address of Property Affected:	826 N 8th St Sheboygan, WI	
Zoning Classification:	Central Commercial District	
New Building: ☐	Addition: ☒	Remodeling: ☐

SECTION 7: Description of Proposed Project

The existing Weill Center will undergo an expansion to the north adjacent sites which includes a full basement, 2 full levels above grade with an additional partial roof deck level. The expanded space will provide additional storage, additional lobby amenities, offices, ticketing space, restrooms and a roof top bar with rooftop access. Total SF of expansion is +/- 18,000 SF.

SECTION 8: Description of EXISTING Exterior Design and Materials

The existing Spanish Colonial Revival facade consists of stone veneer, stucco, terracotta roofing and misc steel with storefront glass and mullions.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

The proposed expansion will compliment the existing architectural style with the use of more stucco, terracotta coping, stone accents, ceramic tile and storefront glazing. The design intent is for this new expansion to extend the existing spanish colonial revival design elements and characteristics in a way that does not detract from the historical facade but complement it.

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: _____