



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) Excel Engineering, Inc.	Authorized Representative Jay Johnson	Title Principal	
Mailing Address 100 Camelot Drive	City Fond du Lac	State WI	ZIP Code 54935
Email Address archretail@excelengineer.com		Phone Number (incl. area code) 920-926-3155	

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

Name (Ind., Org. or Entity) 645 South Taylor Owners Equities, LLC	Contact Person Grant Scott	Title Senior Portfolio Manager	
Mailing Address 55 Fifth Avenue 14th Floor	City New York	State NY	ZIP Code 10003
Email Address gscott@timeequities.com		Phone Number (incl. area code) 212-206-6010	

SECTION 3: Architect Information

Name Dean Schulz - Excel Engineering, Inc.			
Mailing Address 100 Camelot Drive	City Fond du Lac	State WI	Zip 54935
Email Address dean.schulz@excelengineer.com		Phone Number (incl. area code) 920-926-9800	

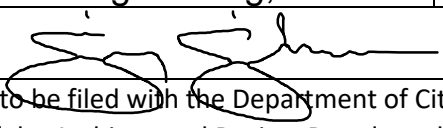
SECTION 4: Contractor Information

Name KVG Building Corporation			
Mailing Address 802 N. 109th Street	City Milwaukee	State WI	Zip 53226
Email Address scottc@kvgbuilding.com		Phone Number (incl. area code) 414-463-8900	

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) Jay Johnson - Excel Engineering, Inc.	Title Principal	Phone Number 920-926-9800
Signature of Applicant 		Date Signed 02/16/2024

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 549 South Taylor Drive		Parcel No. 59281215135
Name of Proposed/Existing Business:	Taylor Heights Shopping Center	
Address of Property Affected:	549 South Taylor Drive	
Zoning Classification:		
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input checked="" type="checkbox"/>

SECTION 7: Description of Proposed Project

remove existing EIFS wraps around existing arcade framing and aluminum framed canvas awning and replace with new standing seam roof. The brick, block, and aluminum storefront to remain. Existing EIFS will be patched and painted to match existing. the signage will be raised from the existing EIFS wraps to the existing EIFS wall above.

SECTION 8: Description of EXISTING Exterior Design and Materials

Existing material include EIFS, Brick, Block and aluminum store front.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

The new materials will be a standing seam metal roof. All other exterior materials are to remain.

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: _____