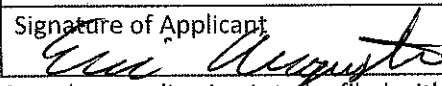
	<p align="center">CITY OF SHEBOYGAN</p> <p align="center">ARCHITECTURAL REVIEW APPLICATION</p>	Fee: _____	
		Review Date: _____	
		Zoning: _____	

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

SECTION 1: Applicant/ Permittee Information			
Name (Ind., Org. or Entity) A.C.E. Building Service, Inc.		Authorized Representative Eric Augustine	
Title Estimator/Project Manager			
Mailing Address 3510 S. 26th Street		City Manitowoc	State WI
ZIP Code 54220			
Email Address eaugustine@acebuildingservice.com		Phone Number (incl. area code) 920-682-6105	
SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)			
Name (Ind., Org. or Entity) HTT, Inc.		Contact Person Bob Lischka	
Title Senior Manager - Supply Chain			
Mailing Address 1828 Oakland Ave		City Manitowoc	State WI
ZIP Code 54220			
Email Address blischka@htt-inc.com		Phone Number (incl. area code) 920-453-5300	
SECTION 3: Architect Information			
Name 			
Mailing Address		City	State
Zip			
Email Address		Phone Number (incl. area code)	
SECTION 4: Contractor Information			
Name A.C.E. Building Service, Inc.			
Mailing Address 3510 S. 26th Street		City Manitowoc	State WI
ZIP Code 54220			
Email Address eaugustine@acebuildingservice.com		Phone Number (incl. area code) 920-682-6105	
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) Bob Lischka		Title Senior Manager - Supply Chain	Phone Number 920-453-5300
Signature of Applicant 		Date Signed	

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	1828 Oakland Ave.	Parcel No.	59281425440
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Name of Proposed/Existing Business:	HTT, Inc.
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Address of Property Affected:	1828 Oakland Ave.
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Zoning Classification:	Urban Industrial (UI) with PUD Overlay
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New Building: <input type="checkbox"/>	Addition: <input checked="" type="checkbox"/>	Remodeling: <input type="checkbox"/>
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SECTION 7: Description of Proposed Project

Addition to the west side of the existing facility. The addition will have wall finishes consisting of precast concrete and metal wall pane. A horizontal metal accent band will be installed at the base of the metal wall panel.

SECTION 8: Description of EXISTING Exterior Design and Materials

The existing facility consists of masonry block construction with metal panel at various walls.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

The addition will have wall finishes consisting of precast concrete and metal wall pane. A horizontal metal accent band will be installed at the base of the metal wall panel.