



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) Keller Inc.	Authorized Representative Bob Poch	Title Regional Manager/Co-Owner	
Mailing Address PO Box 620	City Kaukauna	State WI	ZIP Code 54130-0620
Email Address bpoch@kellerbuilds.com	Phone Number (incl. area code) 920-427-4458		

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

Name (Ind., Org. or Entity) Van Horn Family Real Estate, LLC	Contact Person Jeff Niesen	Title President and CEO	
Mailing Address W5073 County Road O	City Plymouth	State WI	ZIP Code 53073
Email Address jniesen@vhcars.com	Phone Number (incl. area code) 920-892-6466		

SECTION 3: Architect Information

Name Keller, Inc.			
Mailing Address N216 State Road 55	City Kaukauna	State WI	Zip 54130-0620
Email Address sklessig@kellerbuilds.com	Phone Number (incl. area code) 920-427-4446		

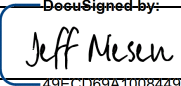
SECTION 4: Contractor Information

Name Keller, Inc. (Contact: Bob Poch)			
Mailing Address PO Box 620	City Kaukauna	State WI	Zip 54130-0620
Email Address bpoch@kellerbuilds.com	Phone Number (incl. area code) 920-427-4458		

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) Jeff Niesen	Title President & CEO	Phone Number 920-892-6466
Signature of Applicant 		Date Signed 1/4/2024

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 3512 Wilgus Ave		Parcel No. 59281215827
Name of Proposed/Existing Business:	Van Horn	
Address of Property Affected:	3512 Wilgus Ave	
Zoning Classification:	Suburban Commercial Zoning District	
New Building: <input checked="" type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Description of Proposed Project

Construction of new KIA car dealership facility and redevelopment of existing Mazda site with a new vehicle sales lot.

SECTION 8: Description of EXISTING Exterior Design and Materials

Not applicable. Existing Mazda Building will be torn down after the KIA project is completed.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

The exterior of the building consists of aluminum storefront glass at the showroom. The showroom and service reception facade have an ACM panel facade. The shop portion of the building is primarily EIFS with split face block veneer on the bottom 4 feet. We have several rooftop units that will have a rooftop mounted cityscape rooftop screen. Colors are to be per the renderings provided as part of this plan submittal.

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: _____