



CITY OF SHEBOYGAN
ARCHITECTURAL REVIEW
APPLICATION

Fee: \$100
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) SIGN SHOP OF SHEBOYGAN	Authorized Representative SAM CLARK	Title	
Mailing Address 1020 MICHIGAN AVE	City SHEBOYGAN	State WI	ZIP Code 53081
Email Address	Phone Number (incl. area code)		

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

Name (Ind., Org. or Entity) SAME	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)		

SECTION 3: Architect Information

Name SCOTT MATULA. - ASPIRE ARCHITECTURE AND DESIGN LLC			
Mailing Address 1416 N. 5TH ST	City SHEBOYGAN	State WI	Zip 53081
Email Address SCOTT@ASPIREARCHITECTS.COM	Phone Number (incl. area code) 9204574884		


SECTION 4: Contractor Information

Name TBD			
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) SCOTT MATULA -ASPIRE ARCHITECTURE	Title ARCHITECT	Phone Number 920.457-4884
Signature of Applicant 		Date Signed 11.1.2023

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

1020 MICHIGAN AVE

Parcel No.

Name of Proposed/Existing Business:

SIGN SHOP OF SHEBOYGAN, LLC

Address of Property Affected:

1020 MICHIGAN AVE

Zoning Classification:

CENTRAL COMMERCIAL

New Building: ☐Addition: ☐Remodeling: ☐

RENOVATION ONLY

SECTION 7: Description of Proposed Project

WE WILL BE REMOVING THE GLASS WALL AND CEILING SYSTEM AS IT IS FAILING AND OVER 30 YEARS OLD. WE WILL REPLACE THE GLASS WITH A NEW STOREFRONT SYSTEM TO MATCH OTHER ALUMINUM FRAME SYSTEMS ON THE BUILDING. WE WILL ALSO INSTALL A STANDING SEAM METAL ROOF OVER THESE TWO SPACES AND ALONG THE ENTRY DOOR TO PROTECT AGAINST WATER FOR PEOPLE ENTERING THE BUILDING.

THERE WILL BE FIBERCEMENT ON THE RETURNS TOWARDS THE DOOR THAT ULTIMATTLY BE COVERED WITH ADVERTISING GRAPHICS FOR THE SIGN SHOP.

SECTION 8: Description of EXISTING Exterior Design and Materials

ALUMINUM STOREFRONT, BRICK, CONCRETE MASONRY, METAL FLASHING

SECTION 9: Description of the PROPOSED Exterior Design and Materials

ALUMINUM STOREFRONT, GLAZING, SPANDREL GLAZING, AND STANDING SEAM METAL ROOF