



**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) Mojo	Authorized Representative Joe Bonelli	Title Owner	
Mailing Address 1729 A N 13 <sup>th</sup> ST	City Sheboygan	State WI	ZIP Code 53081
Email Address mojobar@sbcglobal.net		Phone Number (incl. area code) 920-254-0564	

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

Name (Ind., Org. or Entity) Mojo	Contact Person Joe Bonelli	Title	
Mailing Address 1729 A N 13 <sup>th</sup> ST	City Sheboygan	State WI	ZIP Code 53081
Email Address mojobar@sbcglobal.net		Phone Number (incl. area code) 920-254-0564	

**SECTION 3: Architect Information**

Name Aspire (Scott Matula)			
Mailing Address 1416 N 5 <sup>th</sup> ST	City Sheboygan	State WI	Zip 53081
Email Address SCOTT@ASPIREARCHITECTS.COM		Phone Number (incl. area code) 920-980-4884	

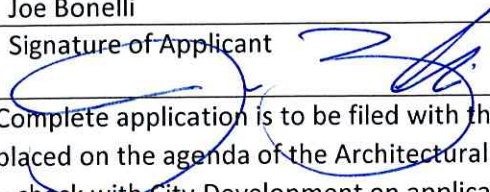
**SECTION 4: Contractor Information**

Name Precision Carpentry – Pat Walker			
Mailing Address	City Sheboygan	State WI	Zip 53081
Email Address NA		Phone Number (incl. area code) 920-917-8427	

**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) Joe Bonelli	Title Owner	Phone Number 920-254-0564
Signature of Applicant 		Date Signed 10/14/20

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





**ARCHITECTURAL REVIEW SET**

- ARCH.1 Schematic Design Views
- ARCH.2 Elevations
- ARCH.3 Site Plan
- ARCH.4 1st Floor Plan

OPTION # 1

Elevation Alterations for:

MOJO BAR

13TH AND PENNSYLVANIA SHEBOYGAN WI

ASPIRE ARCHITECTURE & DESIGN, LLC

1416 N. 5th St. Sheboygan, WI. 53081

920-457-4884

scott@aspirearchitects.com

www.aspirearchitects.com

issue 11.1.22

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Revision

14-017

ADCU 1

ASPIRE

ARCHITECTURE

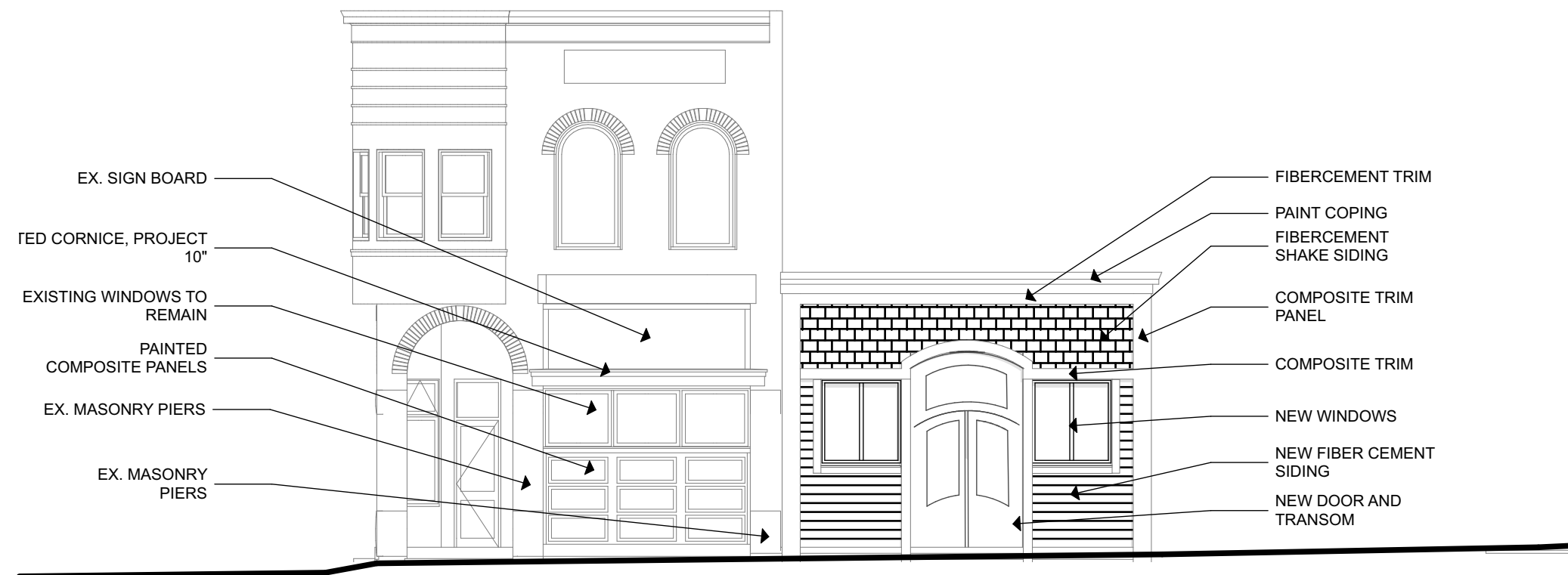
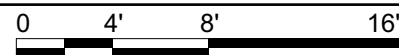
& DESIGN



1

## West Elevation

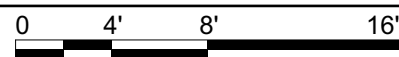
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2

## West Elevation

Scale: 1/8" = 1'-0"



OPTION # 1

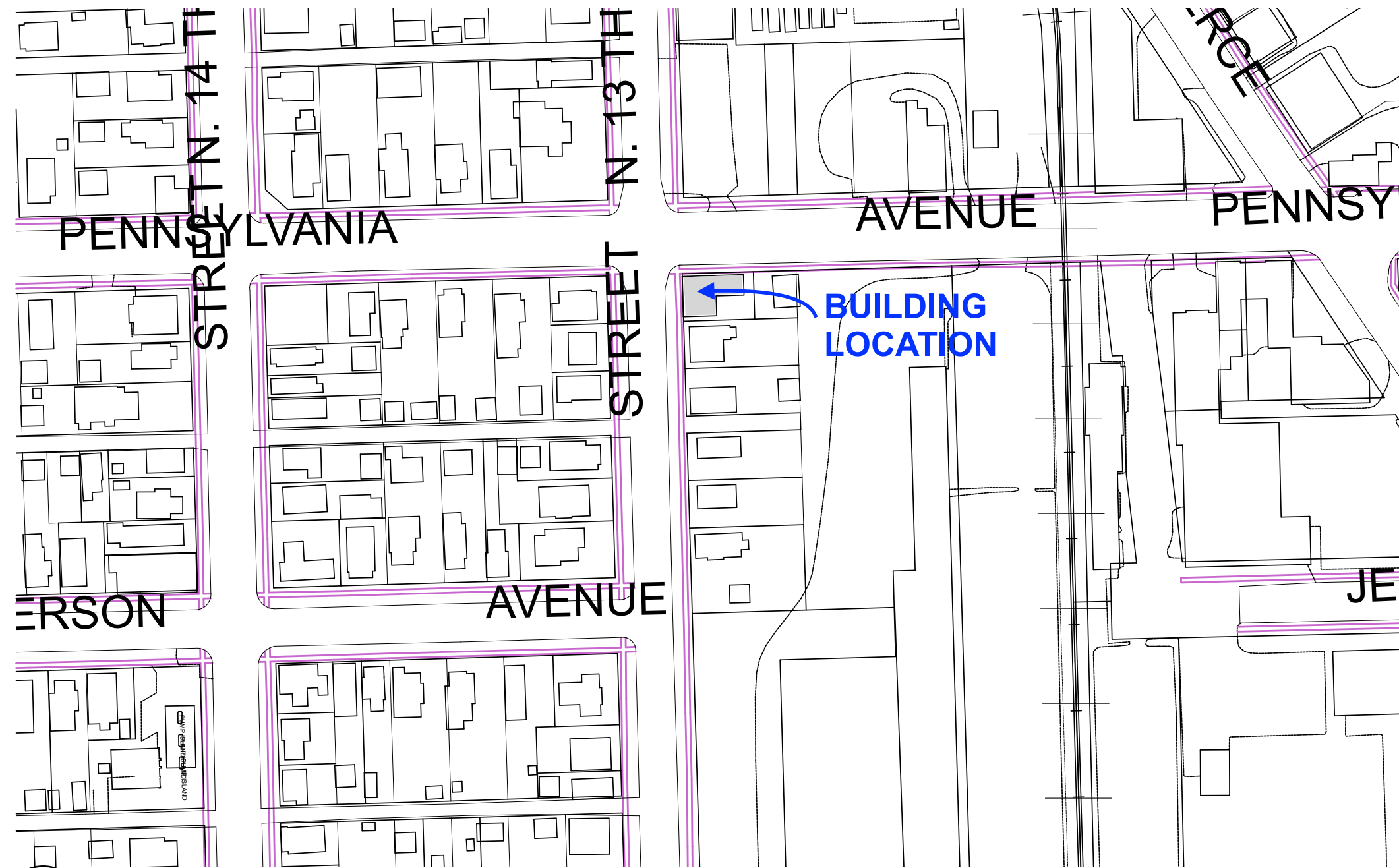
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**MOJO BAR**

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1 AREA MAP

OPTION # 1

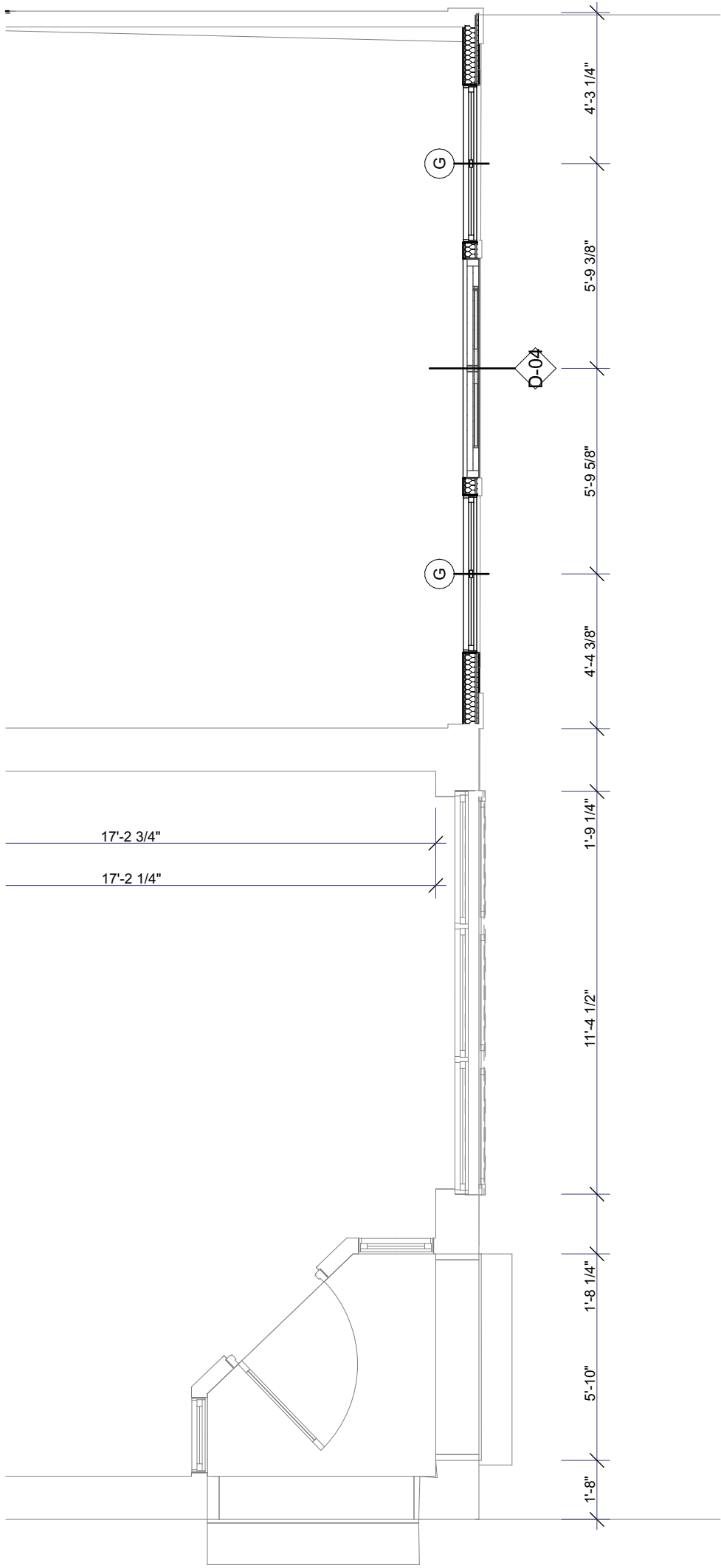
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1

First Floor Plan

Scale: 1/4" = 1'-0"



Elevation Alterations for:  
**MOJO BAR**

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