



**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)<br>Pig Stop | Authorized Representative<br>Jesse Waraich       | Title<br>Owner |                   |
| Mailing Address<br>2917 N 15th St       | City<br>Sheboygan                                | State<br>WI    | ZIP Code<br>53083 |
| Email Address<br>jessingh1@gmail.com    | Phone Number (incl. area code)<br>(414) 254-2025 |                |                   |

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

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

**SECTION 3: Architect Information**

|  |   |             |              |
|--|---|-------------|--------------|
| Name<br>Abacus Architects - Justin Marquis     |   |             |              |
| Mailing Address<br>1135A Michigan Ave          | City<br>Sheboygan                               | State<br>WI | Zip<br>53081 |
| Email Address<br>jmarquis@abacusarchitects.net | Phone Number (incl. area code)<br>(920)452-4444 |             |              |

**SECTION 4: Contractor Information**

|                 |                                |       |     |
|-----------------|--------------------------------|-------|-----|
| Name            |                                |       |     |
| 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)<br>Justin Marquis | Title<br>Project Architect | Phone Number<br>(920) 452-4444 |
| Signature of Applicant<br>   |                            | Date Signed<br>8/24/2023       |

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<br>2917 N 15th St - Addition to existing building |   | Parcel No.<br>59281719342            |
| Name of Proposed/Existing Business:   | Pig Stop                                      |                                      |
| Address of Property Affected:   | 2917 N 15th St                                |                                      |
| Zoning Classification:  | Urban Commercial District                     |                                      |
| New Building: <input type="checkbox"/>  | Addition: <input checked="" type="checkbox"/> | Remodeling: <input type="checkbox"/> |

**SECTION 7: Description of Proposed Project**

Addition to the North of existing building consisting of kitchen, bar/dining area, office, and support space.

**SECTION 8: Description of EXISTING Exterior Design and Materials**

Existing exterior wall assembly consists of a masonry wall up to an EIFS mansard parapet roof assembly around entire perimeter. Materials of wall are layers of banding with a stone base with stone water table up approx. 2'-8", split-face CMU up approx 6'-4" and EIFS for the remaining approx. 5'-0". Existing windows and doors are gray aluminum framed with clear glazing.

**SECTION 9: Description of the PROPOSED Exterior Design and Materials**

New addition will consist of the same banding pattern of materials and mansard parapet roof. Where exteriors walls meet the existing building we will offset to ease construction and how new and existing materials tie into each other. New windows and doors will be same materials and patterning as existing.

OFFICE USE ONLY

**ACTION BY ARCHITECTURAL REVIEW BOARD**

DATE OF MEETING: \_\_\_\_\_

APPROVED: \_\_\_\_\_      CONDITIONALLY APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

**CONDITIONS**

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SIGNATURE: \_\_\_\_\_

Chairperson, Architectural Review Board OR  
Manager of Planning & Zoning

DATE: \_\_\_\_\_