



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) Logic Design & Architecture, Inc.	Authorized Representative Tim Yokes	Title Sr. Project Manager	
Mailing Address 10400 W Innovation Dr, Suite 330	City Milwaukee	State WI	ZIP Code 53226
Email Address tyokes@logicda.com	Phone Number (incl. area code) 414.909.0084		

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

Name (Ind., Org. or Entity) Plankview Green Development LLC	Contact Person Tom Stocco	Title	
Mailing Address PO Box 298	City Plymouth	State WI	ZIP Code 53073
Email Address tmstocco@vanhornre.com	Phone Number (incl. area code) 414.732.6515		

SECTION 3: Architect Information

Name Adam J. Stein			
Mailing Address 10400 W Innovation Dr, Suite 330	City Milwaukee	State WI	Zip 53226
Email Address astein@logicda.com	Phone Number (incl. area code) 414.909.0080		


SECTION 4: Contractor Information

Name KVG Building Corp.			
Mailing Address 802 N 109th St	City Milwaukee	State WI	Zip 53226
Email Address rgoll@kvgbuilding.com	Phone Number (incl. area code) 414.463.8900		

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) Tim Yokes	Title Sr. Project Manager	Phone Number 414-909-0084
Signature of Applicant 		Date Signed 09.05.23

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 3424 Kohler Memorial Drive		Parcel No. 59281215832
Name of Proposed/Existing Business:	Existing: OfficeMax	Proposed: Retail (Michaels) & Rear Tenant (TBD)
Address of Property Affected:	3424 Kohler Memorial Drive	
Zoning Classification:	SC - Suburban Commercial District	
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input checked="" type="checkbox"/>

SECTION 7: Description of Proposed Project

Proposing to demise the existing OfficeMax tenant into two tenants. Proposed main tenant (Michaels) and secondary tenant (TBD). Existing metal building on the east side to be removed and adjacent parking lot to be reconfigured. No other changes to the building square footage.

See attached for additional info.

SECTION 8: Description of EXISTING Exterior Design and Materials

The existing exterior materials consist of:

White/Yellow brick

Gray EIFS

White metal canopy downspouts

Metal storage addition (to be removed)

Clear anodized aluminum storefront

Painted hollow metal doors

Loading dock concrete retaining walls with metal guardrails

Concrete sidewalk surrounding building

SECTION 9: Description of the PROPOSED Exterior Design and Materials

See attached for additional info.

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: _____