



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) <i>William Kaemmer</i>	Authorized Representative <i>William Kaemmer</i>	Title <i>Owner</i>	
Mailing Address <i>1314 Huron Ave.</i>	City <i>Sheboygan</i>	State <i>WI</i>	ZIP Code <i>53081</i>
Email Address <i>kaemmerfoods@att.net</i>		Phone Number (incl. area code) <i>920-457-7650</i>	
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			
Mailing Address	City	State	Zip
Email Address		Phone Number (incl. area code)	
SECTION 4: Contractor Information			
Name <i>KSI, INC.</i>			
Mailing Address <i>North County Rd 05</i>	City <i>Plymouth</i>	State <i>WI</i>	Zip <i>53073</i>
Email Address		Phone Number (incl. area code) <i>920-449-5361</i>	
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) <i>WILLIAM KAEMMER</i>		Title <i>OWNER</i>	Phone Number <i>920-457-7650</i>
Signature of Applicant <i>William Kaemmer</i>		Date Signed <i>3/26/26</i>	

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 1314 Huron Ave. Shelburne, VT 53081		Parcel No.
Name of Proposed/Existing Business:	Kaemmer Food Service	
Address of Property Affected:	1314 Huron Ave.	
Zoning Classification:		
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input checked="" type="checkbox"/>

SECTION 7: Description of Proposed Project

Sheet Metal Installation
Remove gutter on north wall
Put treated 2x4s every 2 ft. into existing cream city brick on 18 ft. x 64 ft. of north wall and 20 ft. x 56 ft. on east wall
Put 1-1/2 inch foam between 2x4s
Put 29 gauge 40 year paint sheet metal over 18 ft. x 64 ft. of north wall and 20 ft. tall x 56 ft. of east wall
Make a trim to go over top of sheets - new roof has to lay over new flashing
Install new gutters and downspouts

SECTION 8: Description of EXISTING Exterior Design and Materials

Cream City brick wall

SECTION 9: Description of the PROPOSED Exterior Design and Materials

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