



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) Las Brisas's	Authorized Representative Sonia Biviano	Title Owner	
Mailing Address 1129 S 8th Street	City Sheboygan	State WI	ZIP Code 53081
Email Address biviano6@icloud.com	Phone Number (incl. area code) (920) 254-6516		

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

Name (Ind., Org. or Entity) Las Brisas's	Contact Person Sonia Biviano	Title Owner	
Mailing Address 1129 S 8th Street	City Sheboygan	State WI	ZIP Code 53081
Email Address biviano6@icloud.com	Phone Number (incl. area code) (920) 254-6516		

SECTION 3: Architect Information

Name			
Mailing Address	City	State	Zip
Email Address	Phone Number (incl. area code)		

SECTION 4: Contractor Information

Name Las Brisas's			
Mailing Address 1129 S 8th Street	City Sheboygan	State WI	Zip 53081
Email Address biviano6@icloud.com	Phone Number (incl. area code) (920) 254-6516		

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) Sonia Biviano	Title Owner	Phone Number (920) 254-6516
Signature of Applicant Sonia Biviano		Date Signed

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		Parcel No.
Name of Proposed/Existing Business:		
Address of Property Affected:		
Zoning Classification:		
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Description of Proposed Project

Replacing the side roof. Installing a Ribbed 3/4 in x 3 ft 29-Gauge Galvanized steel roof/wall Panel Red Roofing felt Paper metal to wood siding Screws with EPDM washer.

SECTION 8: Description of EXISTING Exterior Design and Materials

Right now we have Shingles. Replacing that to metal.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

Replacing to Galvanized steel and getting the shingles off.



