



**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) Zion Covenant Church	Authorized Representative Wigg Brothers Mike or Dan Kolb	Title Contractor or Church Rep.	
Mailing Address 1125 N 6th St	City Sheboygan	State WI	ZIP Code 53081
Email Address rlt5123@charter.net		Phone Number (incl. area code) 920-918-1685	

**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 Imagination Studio, Inc. Joe Clark			
Mailing Address 319 Michigan Ave	City Sheboygan	State WI	Zip 53081
Email Address www.theimaginationstudio.com		Phone Number (incl. area code) 920-747-0695	

**SECTION 4: Contractor Information**

Name Wigg Brothers Mike			
Mailing Address 1503 N 9th St	City Sheboygan	State WI	Zip 53081
Email Address wiggbrothersmf@gmail.com		Phone Number (incl. area code) 920-331-2671	

**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) Richard L. Tomlinson	Title Trustee	Phone Number 920-918-1685
Signature of Applicant Richard L. Tomlinson		Date Signed 9-15-25

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 1132 N. 5th St Sheboygan WI 53081		Parcel No.
Name of Proposed/Existing Business:	Zion Covenant Church	
Address of Property Affected:	1132 N. 5th St Sheboygan WI	
Zoning Classification:	Single Family Residential	
New Building: <input checked="" type="checkbox"/>	Addition: <input checked="" type="checkbox"/>	Remodeling: <input checked="" type="checkbox"/>

**SECTION 7: Description of Proposed Project**

New wood two and half stall single level garage. The existing two story with living quarters above, garage below will be removed and the new garage will be placed in the existing foot print as well as meeting set back requirements.

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

The existing two story structure is constructed of wood and vinyl siding, placed on a cement slab. The roof is of asphalt shingles. The garage has three over head doors two are steel/metal and one is wood which are going to be removed prior to raising the structure.

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

The proposed new two and halt stall garage will be of wood construction place on a concrete slab. The roof will be of asphalt shingles with two windows, one service door, and two over head doors.

## **APPLICATION SUBMITTAL REQUIREMENTS**

- A. Three 11x17 scale color drawing of all exterior elevations showing the design and appearance of the proposed building or structure.
- B. Three 11 X 17 colored renderings of the proposed building elevations and material samples.

### **C. Submit digital plans and drawings of the project by email, flash drive, etc.**

- D. A scale drawing of the site plan showing the relationship of the building to the site and adjacent properties.
- E. A written description of the proposed general design, arrangement, texture, material and color of the building or structure. Describe the relationship of such factors to similar features of buildings located within the same block or located along the frontage or any block across the street from the proposed building or structure for which architectural approval is sought.

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: \_\_\_\_\_