

CITY OF SHEBOYGAN

ARCHITECTURAL REVIEW **APPLICATION**

Fee: \$100.00

Review Date: 11/25/25

Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Infor	mation				
Name (Ind., Org. or Entity) Fischer Family Properties, LLC	-Authorized Representative Louise A. Fischer		Title Member		
Mailing Address 2021 N. 18th St	City Sheboygan		State WI	ZIP Code 53081	
Email Address lou@fischersfleetservice.com	dress		hone Number (incl. area code) 20-377-6072		
SECTION 2: Landowner Information (Co	omplete These Field	s 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 (inc		l. area code)		
SECTION 3: Architect Information	4.0	That is a second		A PERSONAL PROPERTY.	
Name n/a					
Mailing Address	City		State	Zip	
Email Address	Phone Number (incl. area code)				
SECTION 4: Contractor Information	100 - 1		collect Annual Collection		
Name KSI, Inc					
Mailing Address N6111 Cty Rd OJ	City Plymouth		State WI	Zip 53073	
Email Address		Phone Number (inc 920-449-5361	cl. 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) Title Phone Number			lumber		
Louise A. Fischer	Therease farment	Member	920-37		
Signature of Applicant Date Signed 11/03/2025					

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 2021 N. 18th St Sheboygan, WI 53081		Parcel No. 59281621680			
Name of Proposed/Existing Business:	Fischer's Fleet Service, Inc.				
Address of Property Affected:	2021 N. 18th St Sheboygan, WI 53081				
Zoning Classification:					
	Addition: 🗸	Remodeling: 🗸			
SECTION 7: Description of Proposed Project Side the north-side exterior wall of our building. This wall is on the side of the building, which faces into our parking lot. The wall is currently painted white and we want to install white siding - instead					
of repainting it again.					
SECTION 8: Description of EXISTING Ex	terior Design and Materials				
White paint on block wall surface.		~			
Time paint on blook was our add.	•				
SECTION 9: Description of the PROPOSED Exterior Design and Materials					
Installing white steel siding on the	e entire length of one exterior wall	,			