



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) Jos. Schmitt Const. Co., Inc.	Authorized Representative Chris Penkala	Title Architect	
Mailing Address 2104 Union Ave, PO Box 1084	City Sheboygan	State WI	ZIP Code 53082-1084
Email Address cpenkala@jschmitt.cc	Phone Number (incl. area code) 920-946-0997		

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

Name (Ind., Org. or Entity) Fourth Generation Properties LLC	Contact Person Steven Schmitt	Title	
Mailing Address 2104 Union Ave	City Sheboygan	State WI	ZIP Code 53081
Email Address sschmitt@jschmitt.cc	Phone Number (incl. area code) 920-946-0991		

SECTION 3: Architect Information

Name Christopher Penkala, AIA - Jos. Schmitt Const. Co., Inc.			
Mailing Address 2104 Union Ave, PO Box 1084	City Sheboygan	State WI	Zip 53082-1084
Email Address cpenkala@jschmitt.cc	Phone Number (incl. area code) 920-946-0997		

SECTION 4: Contractor Information

Name Jos. Schmitt Const. Co., Inc.			
Mailing Address 2104 Union Ave, PO Box 1084	City Sheboygan	State WI	Zip 53082-1084
Email Address bsteiner@jschmitt.cc	Phone Number (incl. area code) 920-457-4426		

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) Christopher Penkala	Title Architect	Phone Number 920-946-0997
Signature of Applicant 		Date Signed 3/10/2025

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 1423 N 29th St - Multi-Tenant Office Building		Parcel No. 59281211091
Name of Proposed/Existing Business:	Sheboygan Family Eye Care (1st Floor) White box Future Tenant (2nd Floor)	
Address of Property Affected:		
Zoning Classification:	Suburban Commercial District	
New Building: <input checked="" type="checkbox"/>	Addition: <input checked="" type="checkbox"/>	Remodeling: <input checked="" type="checkbox"/>

SECTION 7: Description of Proposed Project

See Attached.

SECTION 8: Description of EXISTING Exterior Design and Materials

See Attached.

SECTION 9: Description of the PROPOSED Exterior Design and Materials

See Attached.

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

SIGNATURE: _____

Chairperson, Architectural Review Board OR
Manager of Planning & Zoning

DATE: _____