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Sheboygan

CITY OF SHEBOYGAN

Fee: _____

ARCHITECTURAL REVIEW APPLICATION

Review Date:

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

SECTION 1: Applicant/ Permittee Infor	mation				
Name (Ind., Org. or Entity) Meijer Stores LP	Authorized Represe for Owner - Chris		Title Asset Manager, Mid-America Real Estate-WI, LLC		
Mailing Address 2929 Walker Avenue NW	City Grand Rapidis		State MI		ZIP Code 49544-6402
Email Address cmischo@midamericagrp.com		Phone Number (incl. area code) Office (920) 452-2731, Cell (920) 889-0435			
SECTION 2: Landowner Information (C	omplete These Field	s When Project Site	Owner is	Different t	han Applicant)
Name (Ind., Org. or Entity)	Contact Person		Title		
Mailing Address	City		State		ZIP Code
Email Address		Phone Number (inc	d. area coo	le)	
SECTION 3: Architect Information					
Name Onyx Creative, C.O. James Horsch, RA					
Mailing Address 25001 Emery Road, Ste. 400	City Cleveland		State OH		Zip 44128
Email Address jhorsch@onyxcreative.com	Phone Number (incl. area code) 216-223-3216				
SECTION 4: Contractor Information					And A State
Name T.B.D.					
Mailing Address	City		State		Zip
Email Address		Phone Number (inc	d. area coo	le)	
SECTION 5: Certification and Permissio	n				NEW STREET, SALES
Certification: I hereby certify that I am the subject of this Architectural Review attachments are true and accurate. I ce failure to comply with any or all of the forfeiture under the provisions of appli Permission: I hereby give the City perm	the owner or author Application. I certify ertify that the project provisions of the per cable laws. hission to enter and i	y that the informatio will be in compliance mit may result in pe nspect the property	n containe ce with all rmit revoc at reasona	ed in this fo conditions ation and	orm and . I understand that a fine and/or
notice and application, and to determine compliance with any resulting permit coverage. Name of Owner/Authorized Representative (please print) Title Phone Number					
Christine Mischo	Asset Manager	(920) 452-2731			
Signature of Applicant	ischo	ity Dovelopment 82	Date Sigr 04/01/20)24	

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.
3347 Kohler Memorial Dr., Me	morial Mall Sheboygan WI	59281215854
Name of Proposed/Existing Business:	Burlington / Former Bed Bath & Be	
Address of Property Affected:	3347 Kohler Memorial Drive (Memo	onal Mall)
Zoning Classification:	SC	
New Building:	Addition:	Remodeling: X
SECTION 7: Description of Proposed P		
Burlington store tenant upfit at t	he former Bed Bath & Beyond s	tore at Memorial Mall. The tenant
square footage of 22,000 sf is n	ot changing.	
	stanian Daaima and Mataniala	
SECTION 8: Description of EXISTING E		
The Bed Bad & Beyond facade con	0	
	eam colored upper portion with a tau	•
	ooth face cmu band of cream colore	ed block.
- The top of the walls have metal co		
•	an colored EIFS pilasters with a dar	
wainscot. The pilasters have black	polished tile accent squares at the t	op.
- The entrance has a covered cano	py support columns, sign wall and s	stepped EIFS cornice. The columns
match the building pilasters. The si	gn wall has black tile matching the a	accents.
- The entrance has clear anodized	aluminum framed storefront 15' tall	with auto slide entrance door.
- The pilasters and columns have c	lecorative wall sconce light fixtures.	
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SECTION 9: Description of the PROPO	SED Exterior Design and Materials	
The only proposed change is to the	central entrance facade / sign wall a	and associated columns. All other
materials and colors are to remain.	5	
The black tiled sign area is to be rep	moved and replaced with red Nichih	a rain screen system, a fiber cement
product consisting of planks 18" tall		
	x o o long.	
The FIFS columns trim and cornic	e, including the metal coping to be p	ainted Sherwin Williams 'Pure
White'.	e, moldaring the motal coping to be p	
Additionally, the facades, to the least	se line will be natched and renaired	and nower-washed
	se mie, win de paterieu and repaileu	ลาน power-washeu.

ACTION BY ARCHITECTURAL REVIEW BOARD	ACTION	BY A	RCHIT	ECTU	RAL	REVI	EW	BOA	RD
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DATE OF MEETING: _____

APPROVED: _____ CONDITIONALLY APPROVED: _____

DENIED: _____

CONDITIONS

SIGNATURE:

Chairperson, Architectural Review Board OR Manager of Planning & Zoning DATE: _____
