



**CITY OF SHEBOYGAN**  
**ARCHITECTURAL REVIEW**  
**APPLICATION**

Fee: \_\_\_\_\_  
Review Date: \_\_\_\_\_  
Zoning: \_\_\_\_\_

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

**SECTION 1: Applicant/ Permittee Information**

Name (Ind., Org. or Entity) American Building Contractors Inc	Authorized Representative Brian Wreck	Title Treasurer	
Mailing Address 1148 Shady Springs Ct	City Neenah	State WI	ZIP Code 54656
Email Address American Building Contractors Inc @ yahoo.com	Phone Number (incl. area code) 920 716 5576		

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

Name (Ind., Org. or Entity) Mark Proctor Real Estate	Contact Person Kelly	Title	
Mailing Address 12445 W Burlington Rd	City Brookfield	State WI	ZIP Code 53005
Email Address	Phone Number (incl. area code) 262 424 7980		

**SECTION 3: Architect Information**

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

**SECTION 4: Contractor Information**

Name American Building Contractors Inc			
Mailing Address 1148 Shady Springs Ct	City Neenah	State WI	Zip 54656
Email Address American Building Contractors Inc @ yahoo.com	Phone Number (incl. area code) 920 716-5576		

**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
Signature of Applicant		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

3434 512th St

Parcel No.

Name of Proposed/Existing Business:

Address of Property Affected:

Zoning Classification:

New Building: ☐Addition: ☐Remodeling: ☐**SECTION 7: Description of Proposed Project**

Replace Old Siding with new vinyl Siding

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

Old wood Siding with 1x4 Board around Building

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

Install Pebbleshare clay Ductile 4 Siding on exterior of Apartment building