



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) American Architectural Group	Authorized Representative Adam Hertel	Title Architect	
Mailing Address 3350 S. River Road	City West Bend	State WI	ZIP Code 53095
Email Address adam@teamaag.net	Phone Number (incl. area code) 262-334-3811		

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

Name (Ind., Org. or Entity) Klees & Sulok Oil	Contact Person Dean Sulok	Title Owner	
Mailing Address 2795 E. Washington Street	City West Bend	State WI	ZIP Code 53095
Email Address sulokoilco@charter.net	Phone Number (incl. area code)		

SECTION 3: Architect Information

Name Same as Section 1			
Mailing Address	City	State	Zip
Email Address	Phone Number (incl. area code)		


SECTION 4: Contractor Information

Name NA			
Mailing Address	City	State	Zip
Email Address	Phone Number (incl. 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) Dean Sulok	Title Owner	Phone Number
Signature of Applicant 		Date Signed 8.19.25

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.
Name of Proposed/Existing Business:		
Address of Property Affected:		
Zoning Classification:		
New Building: <input type="checkbox"/>	Addition: <input type="checkbox"/>	Remodeling: <input type="checkbox"/>

SECTION 7: Description of Proposed Project

The proposed project is a Valvoline Instant Oil Change. The services offered include full service oil change, radiator and air conditioning service, air filter replacement, along with other preventative maintenance services that are completed in approximately 15 minutes. The drive through model involves customers staying in the comfort of their vehicle while services are completed.

SECTION 8: Description of EXISTING Exterior Design and Materials**SECTION 9: Description of the PROPOSED Exterior Design and Materials**

The new building will have a footprint of 1,666 square feet and with a main floor level and a basement level for oil changes. The building will be built of load bearing wood stud walls with brick veneer and EIFS for wall materials and sloped trusses with asphalt shingles for a roof. The store will have two maintenance bays with large glass overhead doors and a waiting space with aluminum storefront windows. Other site features include paved parking areas, driveways, site lighting and landscaping.