

	CITY OF SHEBOYGAN ARCHITECTURAL REVIEW APPLICATION	Fee: _____ Review Date: _____ Zoning: _____
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Read all instructions before completing. If additional space is needed, attach additional pages.

SECTION 1: Applicant/ Permittee Information			
Name (Ind., Org. or Entity) <i>Kwik Trip Inc.</i>	Authorized Representative <i>Ted Core</i>	Title <i>Project mgr.</i>	
Mailing Address <i>1626 Oak St.</i>	City <i>LaCrosse</i>	State <i>WI</i>	ZIP Code <i>54602</i>
Email Address <i>tcore@kwiktrip.com</i>		Phone Number (incl. area code) <i>608-793-5976</i>	
SECTION 2: Landowner Information (Complete These Fields When Project Site Owner is Different than Applicant)			
Name (Ind., Org. or Entity)	Contact Person	Title	
Mailing Address	City <i>Same</i>	State	ZIP Code
Email Address		Phone Number (incl. area code)	
SECTION 3: Architect Information			
Name <i>River Valley Architects Jamey Boue</i>			
Mailing Address <i>3300 Birch St.</i>	City <i>Eau Claire</i>	State <i>WI</i>	Zip <i>54703</i>
Email Address		Phone Number (incl. area code) <i>715-832-0875</i>	
SECTION 4: Contractor Information			
Name <i>Kwik Trip Inc. (Ted Core)</i>			
Mailing Address <i>1626 Oak St.</i>	City <i>LaCrosse</i>	State <i>WI</i>	Zip <i>54602</i>
Email Address <i>tcore@kwiktrip.com</i>		Phone Number (incl. area code) <i>608-793-5976</i>	
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) <i>Ted Core</i>		Title <i>Project mgr</i>	Phone Number <i>608-793-5976</i>
Signature of Applicant <i>Ted Core</i>		Date Signed <i>3/13/24</i>	

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

625 S. Taylor Drive

Parcel No.

59281215134

Name of Proposed/Existing Business:

Kwik Trip Inc.

Address of Property Affected:

Same

Zoning Classification:

SC Suburban Commercial

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

Attach 233 sq/ft walk-in freezer
addition to existing store

SECTION 8: Description of EXISTING Exterior Design and Materials

Brick Siding - steel trim - rubber roof

SECTION 9: Description of the PROPOSED Exterior Design and Materials

Same as existing