

DATE SUBMITTED: _____

REVIEW DATE: _____

CITY OF SHEBOYGAN ARCHITECTURAL REVIEW APPLICATION

Revised March, 2001

Completed application must be filed with the Department of City Development, 807 Center Avenue. To be placed on agenda of the Architectural Review Board, application must be filed two weeks prior to date of meeting. Applications that are not complete or that are not legible will not be accepted.

1. APPLICANT INFORMATION

APPLICANT: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE: () _____ FAX NO.: () _____

2. DESCRIPTION OF THE SUBJECT SITE/PROPOSED PROJECT

NAME OF PROPOSED/EXISTING BUSINESS: _____

ADDRESS OF PROPERTY AFFECTED: _____

NEW BUILDING: _____ ADDITION: _____ REMODELING: _____

DESCRIPTION OF PROPOSED PROJECT: _____

DESCRIPTION OF **EXISTING** EXTERIOR DESIGN AND MATERIALS:

DESCRIPTION OF THE **PROPOSED** EXTERIOR DESIGN AND MATERIALS:

3. NAMES AND ADDRESSES

OWNER OF SITE: _____

ADDRESS: _____

PHONE: () _____ FAX NO.: () _____

ARCHITECT: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE: () _____ FAX NO.: () _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: () _____ FAX NO.: () _____

4. **APPLICATION SUBMITTAL REQUIREMENTS**

- A. A scale drawing of all exterior elevations showing the design and appearance of the proposed building or structure.
- B. Provide eight (11 X 17) colored renderings of the proposed building elevations and material samples.
- C. A scale drawing of the site plan showing the relationship of the building to the site and adjacent properties.
- D. 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.

5. **CERTIFICATE**

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE

DATE

PRINT ABOVE NAME

ACTION BY ARCHITECTURAL REVIEW BOARD

DATE OF MEETING: _____

APPROVED: _____ CONDITIONALLY APPROVED: _____

DENIED: _____

CONDITIONS

SIGNATURE: _____

**Chairperson
Architectural Review Board**

DATE: _____