

**CITY OF RACINE, WISCONSIN**  
**APPLICATION FOR PROJECT REVIEW**  
**BY A DESIGN OR DEVELOPMENT REVIEW AUTHORITY**

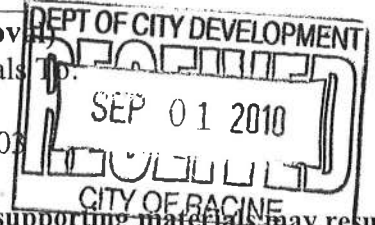
Downtown \_\_\_\_\_ State Street \_\_\_\_\_ West Racine \_\_\_\_\_ Uptown \_\_\_\_\_ Douglas Avenue ☒  
Olsen Industrial Park \_\_\_\_\_ Young Industrial Park \_\_\_\_\_ (Jacobsen/Textron) Redevelopment Area \_\_\_\_\_ (Racine Steel)  
Redevelopment Area \_\_\_\_\_ Plan Commission \_\_\_\_\_

(Not a substitute for building or sign permit approval)  
Submit Completed Application and Supporting Materials To:

Department of City Development

730 Washington Ave., Room 306, Racine, WI 53403

Phone: (262)636-9151 or Fax: (262)636-9329



**IMPORTANT NOTICE:** Failure to submit a complete application and required supporting materials may result in an application being rejected, or the review body deferring or denying a proposal.

**PROJECT ADDRESS OR LOCATION:** 1667 Douglas Ave

**PROJECT TYPE:** Exterior Remodel \_\_\_\_\_ Addition \_\_\_\_\_ New Construction \_\_\_\_\_ Façade Restoration \_\_\_\_\_ Sign ☒ Other Canopy  
**Provide Estimate of Aggregate Project Costs:** \$700 to \$800

**BRIEFLY DESCRIBE PROJECT:** Galvanize Frame Metal 1x1, whit 19'x2' projections  
small, Color, Classic Red vinyl, support, whit ~~boards~~ C. (Hans G. 3 inch)  
whit Eg Creek Cover on the bottom 4x2 3 inch screws, Bawls / cal  
whit Classic under on the sides whit two Lams of 8' double doors  
4 ft over the side walk

**Anticipated Start Date:**

**Estimated Completion Date:**

**PROPERTY OWNER:** Owner Name: JOSE LOPEZ  
(Required Information)  
Address: 1667 DOUGLAS AVE. RACINE State: WI. Zip Code: 53404  
Phone #: (262) 6333097 Fax #: Date: 8-17-10 Signature: JOSE LOPEZ

**BUSINESS INFO:** Business Representative: \_\_\_\_\_ Business Name: LOPEZ BAKERY & C  
Business Address: 1667 DOUGLAS AVE. RACINE State: WI. Zip Code: 53404  
Phone #: (262) 6333097 Fax #: Date: 8-17-10 Signature: J Carlos Lopez

**AGENT INFO:** Firm Name: \_\_\_\_\_ and Contact: \_\_\_\_\_  
(Architect/Engineer/Designer)  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CITY STAFF COMPLETE THIS SECTION**

Date received: \_\_\_\_\_ Date to be reviewed: \_\_\_\_\_ Action: \_\_\_\_\_

SUBJECT PROPERTY IS (CHECK ALL THAT APPLY):

In a Historic District \_\_\_\_\_ Designated Local Landmark \_\_\_\_\_ State Landmark \_\_\_\_\_ National Landmark \_\_\_\_\_ NA \_\_\_\_\_

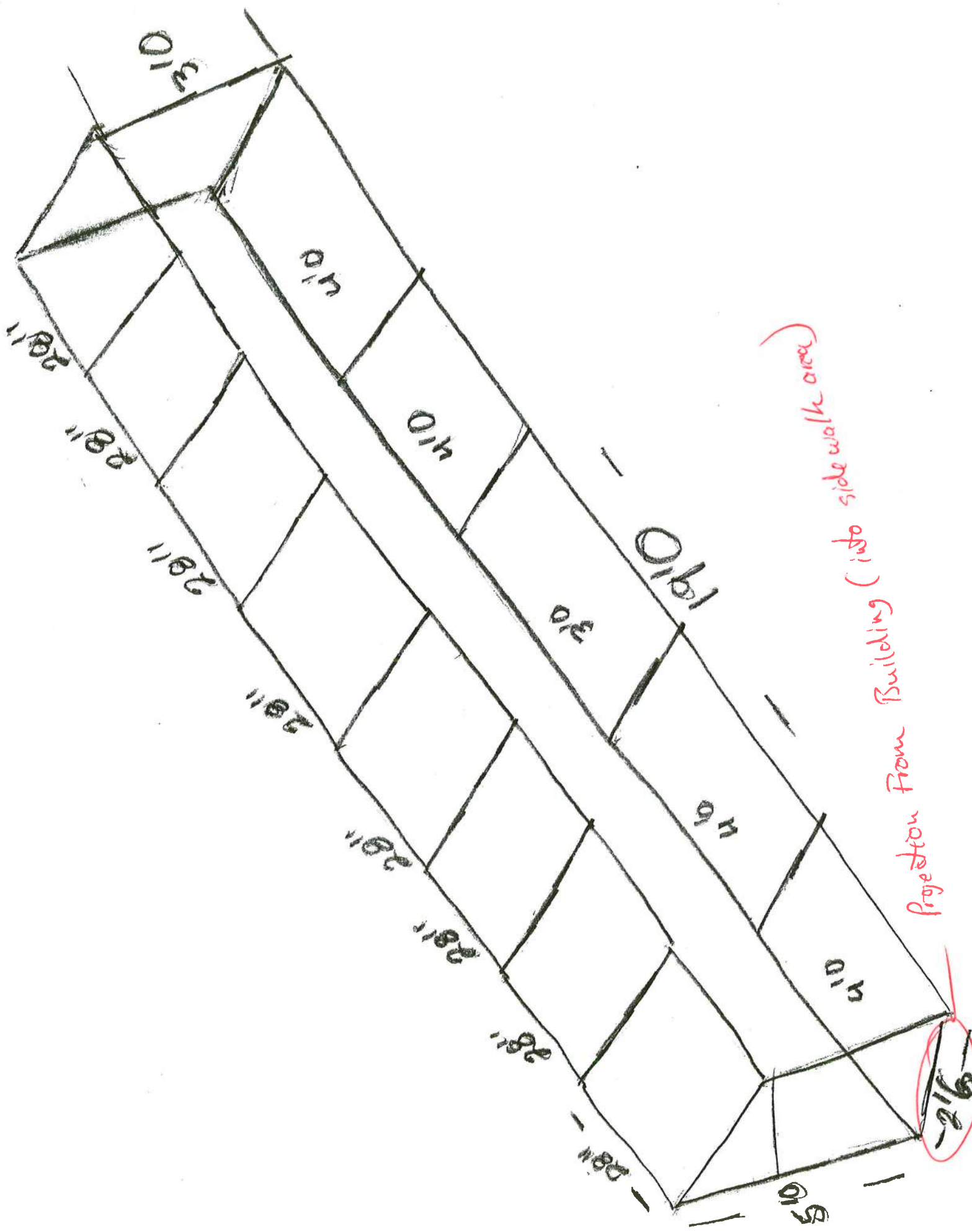
**ADDITIONAL CITY ACTION THAT MAY BE REQUIRED:**

Date of Plan Commission review: \_\_\_\_\_ Plan Commission action: \_\_\_\_\_

Date of Common Council review: \_\_\_\_\_ Common Council action: \_\_\_\_\_

Other: \_\_\_\_\_

**SEE REVERSE SIDE FOR SUBMITTAL REQUIREMENTS**



Projection From Building (into side walk area)

9'6"