

October 3 4:30 303 city Hall
307



CITY OF RACINE

General Application Form

Department of City Development
730 Washington Ave., Rm. 102
Racine, WI 53403
Phone: 262-636-9151
Fax: 262-635-5347

Type of Reviews

- 2035 Comprehensive Plan Amendment (\$0 Fee)
- Administrative Review (\$0 Fee)
- Certified Survey Map (\$170 + \$50 per lot)
- Conditional Use Permits (\$695 Fee)
- Design Review (\$0 Fee)
- Research Request (\$0 Fee)
- Rezoning (\$830 Fee)

APPLICANT NAME: Gary Roberts Out Buildings Plus LLC
 ADDRESS: STREET: 1241 Isabelle ave CITY: Racine STATE: WI ZIP: 53402
 TELEPHONE: _____ CELL PHONE: 262-880-5748
 EMAIL: garyr262@gmail.com

AGENT NAME (IF APPLICABLE): ANDREW PATCH
 ADDRESS: STREET 3615 Waterbury Ln. CITY: Racine STATE: WI ZIP: 53403
 TELEPHONE: (262) 994-1117 CELL PHONE: same
 EMAIL: apatch@the-therapy-nurse.org

PROPERTY ADDRESS (ES): 700 VILLA STREET
 CURRENT ZONING: B-4
 CURRENT/MOST RECENT PROPERTY USE: officc
 PROPOSED USE: same
 PROPOSED ZONING (only if applicable): _____
 LEGAL DESCRIPTION AND TAXKEY (only required for CSM, Rezoning and Comprehensive Plan Amendments): _____

CURRENT COMPREHENSIVE PLAN DESIGNATION: (only for comp plan amendments) _____
 PROPOSED COMPREHENSIVE PLAN DESIGNATION: (only for comp plan amendments) _____

Are you the owner of the property included in the area of the requested zoning?
 Yes No Option to Purchase Lease

*NOTE: The owner of the property (if different than the applicant) must sign this application.

OWNER & APPLICANT AUTHORIZATION

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I agree that if this request is approved, it is issued on the representations made in this submittal, and any approval or subsequently issued building permit(s) or other type of permit(s) may be revoked without notice if there is a breach of representation or conditions of approval. The applicant/owner by their signature understands and agrees that they are responsible for the completion of all on-site and off-site improvements as shown and approved on the final plan:

Owner (s) Signature: Andrew Patch Date 9/10/19
 Print Name: Andrew Patch

Applicant (s) Signature: Gary Roberts Date 9/10/19
 Print Name: Gary Roberts

Applicant Information

Name: ANDREW PATCH
Referred by: GARRY ROBERTS + MATT SADOWSKI
Building Owner Telephone: (262) 994-1617
Business Owner Telephone: (262) 994-1617

Business Information

Name & Type of Business: ASP, LLC (DBA THERAPYHOUSE)-COUNSELING CLINIC
Owner's Name: ANDREW PATCH
Address: 700 VILLA STREET, RACINE 53403
Telephone: (262) 619-3264 Yrs. In Business: 16
Building occupancy %: 100

Property Owner Information

Name: ANDREW PATCH
Address: 3615 WATERBURY LN, RACINE, '03 (HOME)
Years Owned: 16

Proposed Improvements

Storefront: _____

Upper façade: REPLACE EXISTING PORCH; REPAINT ENTIRE STRUCTURE; REPLACE EXISTING SIGN

Other: _____

Estimated total cost: ~\$ 20,000 -

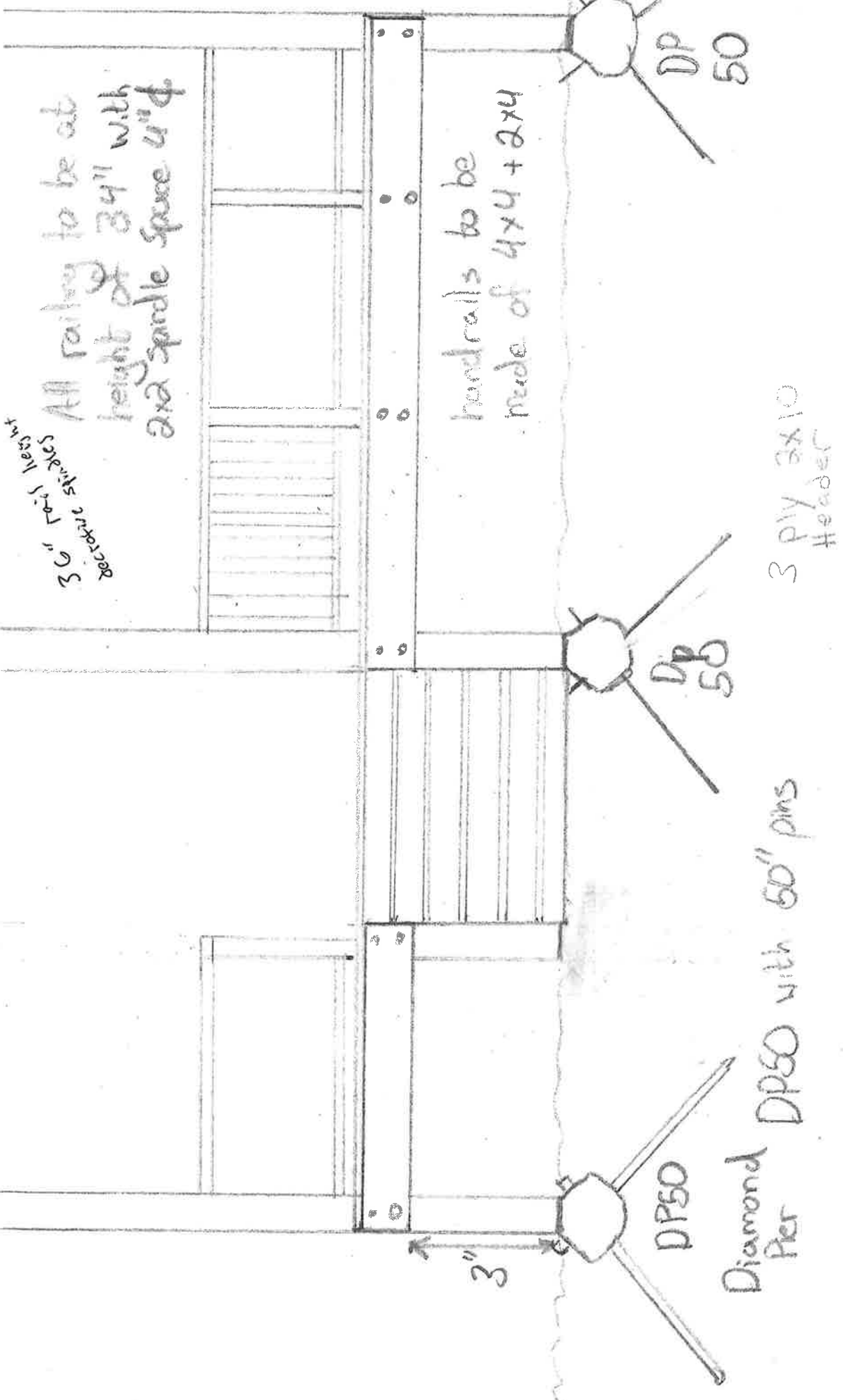
Applicant Certification

I have read the "Commercial Façade Design Guidelines" (attached). If the application is approved, I will make the above improvements to the property.

Signature: Andrew Patch Date: 9/12/19

- For Office Use Only
- Appl. # _____
- Appl. date: _____
- Approval date: _____

Facade Grant Application



3 6" Post Height decorative spindles

All railing to be at height of 34" with 2x2 spindle space 4" d.

handrails to be made of 4x4 + 2x4

DP 50

DP 50

DP50

3 ply 3x10 header

Diamond Pier DP50 with 50" pins

3"

2x12 Rim Board Notched into 6x6 post Placed on Diamond Pier DP50

6x6 post to support to Porch Roof above

Adding a 4th Post to previous 3 Post Support must be painted

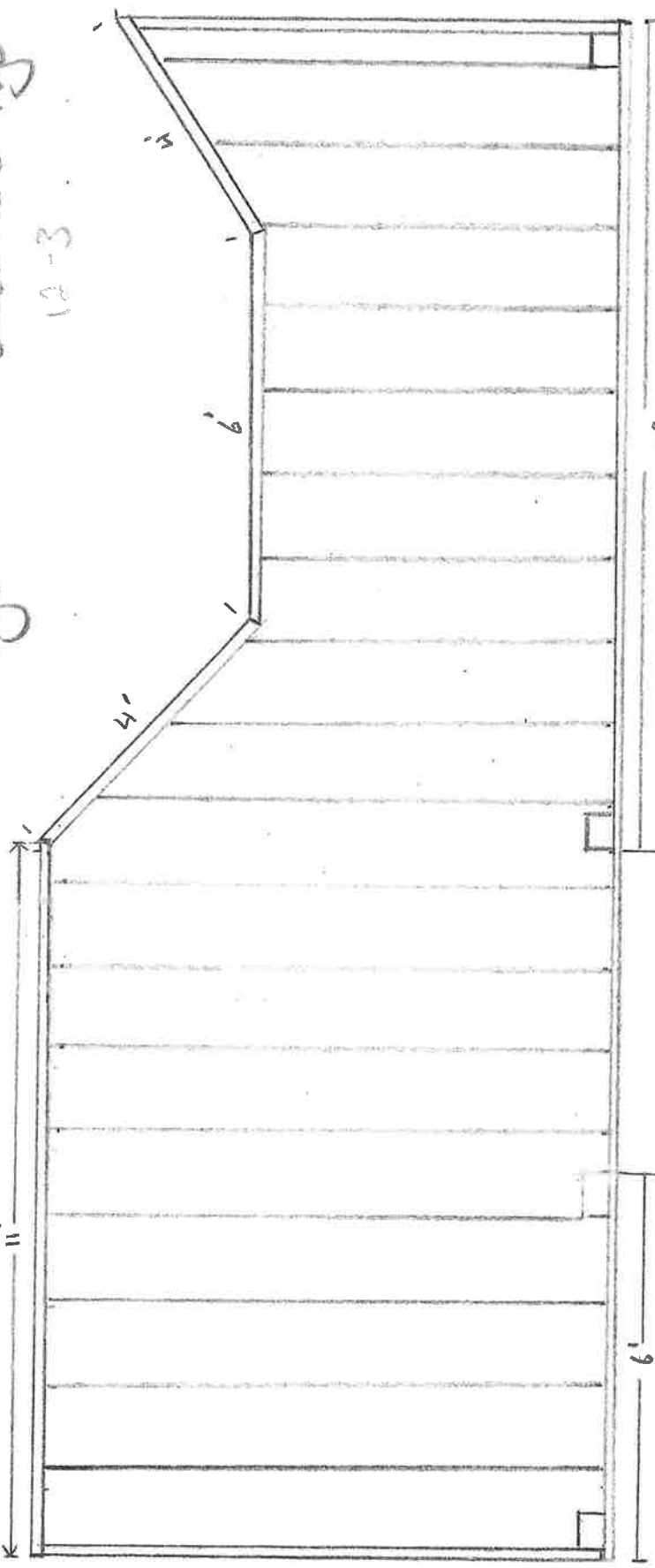
Over head

2x10 green breaked Structural
#6 on 4

All 2x10 attached to
ledger with joist
hangers

Ledger attached
to building with
Structural 3" lags

12-3



8

9#

All framing to
be decked with
5/4 x 6" Decking
Green breaked

Stairs built
with 2x12
Stringer with
7in Rise - no higher
10 in Run 11" treads
4 min 7 max
is minimum

Must be grippable hand rail

Minimum 3 feet landing
in direction of travel



↑
PRIMARY
COLOR

↑
TRIM

↑
TRIM/EXT.
DOORS

↑
TRIM
ACCENT

