

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

Downtown _____ State Street _____ West Racine _____ Uptown _____ Douglas Avenue X
Olsen Industrial Park _____ Young Industrial Park _____ (Jacobsen/Textron) Redevelopment Area _____ (Racine Steel)
Redevelopment Area _____ Plan Commission _____ Landmarks 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 102, Racine, WI 53403
Phone: (262)636-9151 or Fax: (262)635-5347

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:

PROJECT TYPE: Exterior Remodel X Addition _____ New Construction _____ Façade Restoration _____ Sign _____ Other _____
Provide Estimate of Aggregate Project Cost: \$75,000

BRIEFLY DESCRIBE PROJECT: Exterior siding to be removed from Douglas Ave side & Superior St side. Stucco will be installed with the lower 3ft in decorative stone panels. Painting will then be done with a 3.0 effect.

Anticipated Start Date: June 2016

Estimated Completion Date: Aug 2016

PROPERTY OWNER: Owner Name: Jose E. Sanchez-Navarro
(Required Information) Address: 1318 Superior St, Racine State: WI Zip Code: 53402 Phone #: 262-865-0275
Fax #: _____ E-Mail: _____ Date: 3-26-2016 Signature: Jose E Sanchez

BUSINESS INFO: Business Representative: Ed Malacara Business Name: Mi Tacalito
Business Address: 1318 Douglas Ave State: WI Zip Code: 53402 Phone #: 262-633-8633
Fax #: _____ E-Mail: edmalacara@yahoo.com Date: _____ Signature: Ed Malacara

AGENT INFO: Firm Name: ARC Architectural Group and Contact: Richard Christensen
(Architect/Engineer/Designer) Address: 544 State St, Racine State: WI Zip Code: 53402 Phone #: 637-6100
Fax #: 262-637-6105 E-Mail: _____ Date: 04/27/16 Signature: Richard Christensen

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

Applicant Information

Name: Jose E Sanchez Navarro

Referred by: Ed Malacara

Building Owner Telephone: 262 -

Business Owner Telephone: Same

Business Information

Name & Type of Business: Mi Jacalito Restuarant

Owner's Name: Jose E. Sanchez Navarro

Address: 1318 Douglas Ave
262 -

Telephone: 633-8633 Yrs. In Business: 5 yrs

Building occupancy %: 100%

Property Owner Information

Name: Jose E. Sanchez Navarro

Address: 1318 Superior St.

Years Owned: 5 yrs

Proposed Improvements

Storefront: Existing siding to be removed on Douglas Ave & Superior St. All walls shall be insulated and stuccoed except for lower 3 ft. Panels of stone will be stilled in that area. A Painter shall then 3 dementional Upper facade:

Stucco + Painted

Other: _____

Estimated total cost: \$75,000

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: Jose E Sanchez Date: 4-26-16

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

Facade Grant Application