



BOARD OF LICENSE EXAMINERS AGENDA

August 08, 2023 at 5:00 PM

City Hall - Room 106, 828 Center Avenue, Sheboygan, WI

Persons with disabilities who need accommodations to attend this meeting should contact the Building Inspection office, (920) 459-3477. Persons other than commission, committee, and board members who wish to participate remotely shall provide notice to the Building Inspection office at 920-459-3477 at least 24 hours before the meeting so that the person may be provided a remote link for that purpose.

OPENING OF MEETING

1. Roll Call
2. Call to Order
3. Pledge of Allegiance
4. Introduction of Commission members and staff

MINUTES

5. Approve minutes of June 6, 2023.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review and discuss qualifications and experience of Ken Schultz, #7728, applying for a Carpenter Accessory license.
7. Review and discuss qualifications and experience of Charern Lee, #4275, applying for a Carpenter license.
8. Review and discuss any applications received after meeting agenda published.

NEXT MEETING DATE

9. Discuss and approve next scheduled meeting: October 3, 2023 at 5:00 PM

ADJOURN

10. Motion to Adjourn

In compliance with Wisconsin's Open Meetings Law, this agenda was posted in the following locations more than 24 hours prior to the time of the meeting:

*City Hall • Mead Public Library
Sheboygan County Administration Building • City's website*

CITY OF SHEBOYGAN
BOARD OF LICENSE EXAMINERS MINUTES
Tuesday, June 06, 2023

Persons with disabilities who need accommodations to attend this meeting should contact the Building Inspection office, (920) 459-3477. Persons other than commission, committee, and board members who wish to participate remotely shall provide notice to the Building Inspection office at 920-459-3477 at least 24 hours before the meeting so that the person may be provided a remote link for that purpose.

OPENING OF MEETING

1. Roll Call

Board Members Present: Ald. Zack Rust, Andy Hopp, Craig Seider, Todd Thone, and Dan Zelm

Staff/Officials Present: Building Inspector Pat Eirich (Secretary)

Others Present: Joseph Tichy, Tommy Mathis, Winton Feigum

2. Call to Order

Zack Rust called the meeting to order at 5:00 P.M.

3. Pledge of Allegiance

Pledge was recited by all present.

4. Introduction of Commission members and staff.

Secretary Pat Eirich introduced new Ald. Zach Rust to members. Each member introduced themselves.

MINUTES

5. Approval of Minutes

Approved minutes of April 4, 2023. Motion by Dan Zelm, seconded by Todd Thone to approve minutes. Motion carried.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Contractor 5070 - Joseph L Tichy - Carpenter

Motion by Craig Seider, seconded by Andy Hopp, to hold city carpenter application while Mr. Tichy procures WI State credentials. Motion carried.

7. Contractor 35126 - Verlin C Wicker - Carpenter Accessory

Motion by Andy Hopp, seconded by Dan Zelm, to grant city carpenter accessory license. Motion carried.

8. Contractor 40409 - Brian M Koehler - Carpenter

Motion by Dan Zelm, seconded by Todd Thone, to grant city carpenter license. Motion carried.

9. Contractor 45985 - Tommy J Mathis - Carpenter

Motion by Craig Seider, seconded by Dan Zelm, to grant city carpenter license. Motion carried.

10. Review additional applications received after meeting agenda published.

Applicant **#4350 - Winton Feigum** - Carpenter - Review Application

Applicant withdrew application. Motion by Dan Zelm, seconded by Craig Seider, to grant withdrawal of city carpenter application. Motion carried.

NEXT MEETING DATE

11. Next scheduled meeting: August 8, 2023 at 5:00 PM

Motion by Todd Thone, seconded by Dan Zelm, to have next meeting on August 8, 2023 at 5:00 P.M.
Motion carried.

ADJOURN

12. Motion to Adjourn

Motion by Craig Seider, seconded by Todd Thone, to adjourn at 5:45 P.M. Motion carried.

In compliance with Wisconsin's Open Meetings Law, this agenda was posted in the following locations more than 24 hours prior to the time of the meeting:

*City Hall • Mead Public Library
Sheboygan County Administration Building • City's website*

Customer No.: 7728 Application Date: 06/23/2023 Approved: _____ on: _____

----- DO NOT COMPLETE BLANKS ABOVE THIS LINE -----

TO THE BOARD OF LICENSE EXAMINERS OF THE CITY OF SHEBOYGAN, WISCONSIN

Please type or print neatly and legibly in black or dark blue ink - pencil not acceptable. Incomplete applications will be rejected.

All Applications requiring Board of License Examiners approval must be submitted by Wednesday prior to the scheduled meeting.

The undersigned hereby applies for a (select those that apply):

Annual: ☒ Temporary: _____

Temporary Job Location: _____

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter _____	YES	NO
Carpenter-Accessory <u>X</u>	YES	NO

Certificate	
Moving/Razing _____	Excavating _____
Concrete/Asphalt _____	Masonry _____
Steel Erecting _____	Tuckpointing _____
Roofing _____	Siding _____
Doors/Windows _____	Insulation _____
Drywall _____	Fences _____
Cabinets/Countertops _____	Waterproofing _____

(do not complete this section) in the city of Sheboygan, Wisconsin for the year ending December 31, 20____. The application fee of \$ _____ has been paid to the Building Inspection Department as shown by Receipt Number _____. License/Certificate Fee of \$ _____ is to be made upon application approval for License/Certificate.

All of the following questions/blanks must be completed:

- First Name Ken Middle Initial J Last Name Schultz
Home Address 3639 Koehler Dr. Cell #: (920) 946-7664
City Sheboygan State WI Zip(+4) 53083
- Email SchultzLandscape@gmail.com
- State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____
- Current Employer Self, Schultz Landscape
How long have you been employed: 9 years 8 months. Number of employees: 6-8
Work Address 3639 Koehler Dr (off. u) Work #: (920) 946-7664
City Sheboygan State WI Zip(+4) 53083
- Work Experience: For whom have you worked? How did you gain your contracting experience?

For <u>GreenScape</u>	Address _____
From Date <u>1998</u>	To Date <u>2002</u>
For <u>Self, Schultz Exterior</u>	Address _____
From Date <u>2002</u>	To Date <u>2004 (under 2 years)</u>
For <u>Endless Summer Landscaping</u>	Address _____
From Date <u>2004/2005</u>	To Date <u>2010/11 (5-6 years)</u>
For <u>LTC Greenhouse/Student</u>	Address _____
From Date <u>2011</u>	To Date <u>2013</u>

6 State in detail the type of work you have been doing: Fence installations, low decks/patios
Hardscapes - Walls, Paver patio, cement patios, fire pits etc. Railings/custom
fencing - Assisting Contractors during winter month light framing, drywall, renovations, etc.
and the type of work you expect to do in the future: Decking, smaller sheds, Arbors Pergolas

7 Have you attended a trade school: Yes. If yes, give date, name and address of school(s) attended:

LTC, Degree in Horticulture - Sustainable Landscaping

8 Did you serve an apprenticeship period? No. If so, state with whom, and dates:

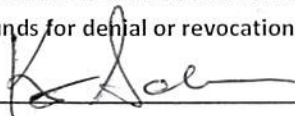
9 Have you ever held a Construction related license? Yes If YES, list type, date and jurisdiction. 2003/2004 Exterior
Components (Fencing) 2014 to current Exterior Components - Sheboygan

Have you ever had a construction related license denied, refused, or revoked? No If YES, list date, place and reason:

10 Have you read the Ordinance and all amendments to date which were passed by the Common Council of the City of Sheboygan, Wisconsin, pertaining to the License/Certification you are applying for? Yes. Are you familiar with the definition of, and can perform the work required under the Municipal Code? Yes.

11 If you are granted a license/certification, will you comply with the Ordinance and its amendments, and with the orders of the Inspector? Yes.

I, the applicant, mentioned in the foregoing application for a City of Sheboygan Contractor License/Certification, have read each of the foregoing questions from 1 to 11 inclusive; to which I have made answer, and said answers in each instance are true and correct. I understand false statements or willful omission of pertinent information will be grounds for denial or revocation of a license/certificate.



APPLICANT SIGNATURE

6/23/2023

DATE

Witnessed by:

Print Name:

Address:

Applicant acknowledges:

- a) Receipt of City Ordinance Chapter 26 Division 3 - Contractors
- b) License expires at end of calendar year
- c) It is my responsibility to renew license prior to expiration.
- d) It is my responsibility to submit timely Certificate of Insurance to keep file current

October 26, 2001

TO ALL BUILDING CONTRACTORS:

To better utilize available hours of Building Inspection Department personnel, it is important to reemphasize the process and procedures provided for in city and state codes for required inspections. Please read the attached carefully and adhere to the requirements. If a required inspection is not requested of our department, a penalty inspection fee of \$50 will be assessed. The inspection, at your own expense, is still required even if this means having to uncover, dismantle, or excavate the area.

BUILDING INSPECTION DEPARTMENT

After you read the attached required inspections, please sign below. **This sheet must accompany your annual license renewal and will be kept on file.**



Building Contractor - Signature

6/23/2023

Date



Building Contractor - please print

FOR SOLE PROPRIETORS, PARTNERSHIPS, OR LLCs WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW TO WAIVE WORKER'S COMPENSATION REQUIREMENT. (CORPORATIONS ARE *NOT* ELIGIBLE FOR THIS OPTION.)

Please be advised that _____ has/have no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman's compensation will be provided.

Signature: _____ Date: _____

Customer No.: 4225 Application Date: 07/26/2023 Approved: _____ on: _____

----- DO NOT COMPLETE BLANKS ABOVE THIS LINE -----

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The undersigned hereby applies for a (select those that apply):

Annual: ☒ Temporary: _____

Temporary Job Location: _____

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <input checked="" type="checkbox"/>	YES	NO
Carpenter-Accessory _____	YES	NO

Certificate		
Moving/Razing _____	Excavating _____	
Concrete/Asphalt _____	Masonry _____	
Steel Erecting _____	Tuckpointing _____	
Roofing <input checked="" type="checkbox"/>	Siding <input checked="" type="checkbox"/>	
Doors/Windows <input checked="" type="checkbox"/>	Insulation _____	
Drywall _____	Fences _____	
	Cabinets/Countertops _____	

(do not complete this section) in the city of Sheboygan, Wisconsin for the year ending December 31, 20____. The application fee of \$ _____ has been paid to the Building Inspection Department as shown by Receipt Number _____. License/Certificate Fee of \$ _____ is to be made upon application approval for License/Certificate.

All of the following questions/blanks must be completed:

- First Name Charern Middle Initial _____ Last Name Lee
Home Address 5058 W 60th ST Cell #: (920) 819-9721
City Milwaukee State WI Zip(+4) 53218 - 4101
- Email info@skylineconstructionwi.com
- State Credentials: Dwelling Contractor: 062300770 Dwelling Qualifier: 122201367
- Current Employer Skyline Construction WI
How long have you been employed: 0 years 2 months. Number of employees: 0
Work Address 5058 W 60th ST Work #: (920) 819-9721
City Milwaukee State WI Zip(+4) 53218 - 4101
- Work Experience: For whom have you worked? How did you gain your contracting experience?
For Skyline Property Ventures Address 12420 W Hampton Ave #10
From Date May, 2017 To Date May, 2023 Butler, WI 53007-5001
For _____ Address _____
From Date _____ To Date _____
For _____ Address _____
From Date _____ To Date _____
For _____ Address _____
From Date _____ To Date _____

6 State in detail the type of work you have been doing: House remodels including roofing, siding, painting, fencing, Kitchen, bath, flooring, framing, doors, drywalling and windows.

and the type of work you expect to do in the future: Roofing, siding, framing, doors and windows.

7 Have you attended a trade school: No. If yes, give date, name and address of school(s) attended:

8 Did you serve an apprenticeship period? Yes. If so, state with whom, and dates:

Skyline Property Ventures. Apprentice from May 2017 to May 2021 and journeyman from May 2021 to May 2023.

9 Have you ever held a Construction related license? Yes If YES, list type, date and jurisdiction. The ones I currently hold in Wisconsin DC:062300770 DQ:122201367

Have you ever had a construction related license denied, refused, or revoked? No If YES, list date, place and reason:

10 Have you read the Ordinance and all amendments to date which were passed by the Common Council of the City of Sheboygan, Wisconsin, pertaining to the License/Certification you are applying for? Yes. Are you familiar with the definition of, and can perform the work required under the Municipal Code? Yes.

11 If you are granted a license/certification, will you comply with the Ordinance and its amendments, and with the orders of the Inspector? Yes.

I, the applicant, mentioned in the foregoing application for a City of Sheboygan Contractor License/Certification, have read each of the foregoing questions from 1 to 11 inclusive; to which I have made answer, and said answers in each instance are true and correct. I understand false statements or willful omission of pertinent information will be grounds for denial or revocation of a license/certificate.

Ches

APPLICANT SIGNATURE

7/24/2023

DATE

Witnessed by:

Print Name: Janet Madden

Address: 5058 N. 60th St
Milwaukee, WI 53218

Applicant acknowledges:

- a) Receipt of City Ordinance Chapter 26 Division 3 - Contractors
- b) License expires at end of calendar year
- c) It is my responsibility to renew license prior to expiration.
- d) It is my responsibility to submit timely Certificate of Insurance to keep file current

October 26, 2001

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BUILDING INSPECTION DEPARTMENT

After you read the attached required inspections, please sign below. **This sheet must accompany your annual license renewal and will be kept on file.**



Building Contractor - Signature

7/24/2023


Date

Charern Lee

Building Contractor - please print

FOR SOLE PROPRIETORS, PARTNERSHIPS, OR LLCs WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW TO WAIVE WORKER'S COMPENSATION REQUIREMENT. (CORPORATIONS ARE NOT ELIGIBLE FOR THIS OPTION.)

Please be advised that Charern Lee has/have no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman's compensation will be provided.

Signature: 

Date: 7/24/2023