



# BOARD OF LICENSE EXAMINERS AGENDA

**October 03, 2023 at 5:00 PM**

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

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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 August 8, 2023 meeting.

## ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review Exam results of Wyatt Tompkins, #4225, applying for General Contractor
- [7.](#) Review and discuss qualifications and experience of Samuel Payne, #4293, applying for a Carpenter license.
- [8.](#) Review and discuss qualifications and experience of Marcos D Moreno, #36892, applying for a Carpenter license.
9. Review and discuss any applications received after meeting agenda published.

## NEXT MEETING DATE

10. Next scheduled meeting: December 5, 2023 at 5:00 PM

## ADJOURN

11. 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, August 08, 2023**

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**OPENING OF MEETING**

1. Roll Call

**Board Members Present:** Ald. Zack Rust, Todd Thone, Dan Zelm

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

**Others Present:** Ken Schultz, Edward Bakalarski

2. Call to Order

Ald. Zack Rust called 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.

Each member introduced themselves to applicants.

**MINUTES**

5. Approve minutes of June 6, 2023.

Approved minutes of June 5, 2023. Motion by Dan Zelm, seconded by Todd Thone to approve minutes.  
Motion carried.

**ITEMS FOR DISCUSSION AND POSSIBLE ACTION**

6. Review and discuss qualifications and experience of Ken Schultz, #7728, applying for a Carpenter Accessory license.

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

7. Review and discuss qualifications and experience of Charern Lee, #4275, applying for a Carpenter license.

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

8. Review and discuss any applications received after meeting agenda published.

Applicant 40617 - Edward Bakalarski - Carpenter. Motion by Dan Zelm, seconded by Todd Thone to grant city carpenter license. Motion carried.

Applicant 4225 - Wyatt Tompkins - General Contractor. Motion by Dan Zelm, seconded by Todd Thone to grant taking of general contractor exam. Motion carried.

#### **NEXT MEETING DATE**

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

Motion by Dan Zelm, seconded by Todd Thone to have next meeting on October 3, 2023 at 5:00 P.M.  
Motion carried.

#### **ADJOURN**

10. Motion to Adjourn.

Motion by Todd Thone, seconded by Dan Zelm to adjourn at 5:30 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.: 4293

Application Date: 09/06/2023

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 <input checked="" type="checkbox"/>	YES	NO
Carpenter-Accessory _____	YES	NO

Certificate	
Moving/Razing _____	Excavating _____
Concrete/Asphalt _____	Masonry _____
Steel Erecting _____	Tuckpointing _____
Roofing _____	Siding _____
Doors/Windows _____	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 Samuel Middle Initial E Last Name Payne  
Home Address 1602 Ohio Ave Cell #: (920) 226-2916  
City Sheboygan State WI Zip(+4) 53081-6619
- Email SamPayne0219@gmail.com
- State Credentials: Dwelling Contractor: \_\_\_\_\_ Dwelling Qualifier: \_\_\_\_\_
- Current Employer Self KDA Technologies LLC / DBA Payne Construction  
How long have you been employed: 7 years 9 months. Number of employees: 1  
Work Address 1602 Ohio Ave Work #: (920) 226 2916  
City Sheboygan State WI Zip(+4) 53081
- Work Experience: For whom have you worked? How did you gain your contracting experience?  

For <u>Elite (Self) dissolved</u>	Address <u>2525 S. Business Dr.</u>
From Date <u>2003 - 2015</u>	To Date <u>2015</u>
For <u>KDA Technologies / DBA Payne</u>	Address <u>1602 Ohio Ave</u>
From Date <u>2015</u>	To Date <u>Current</u>
For <u>Oostburg Concrete</u>	Address <u>Oostburg</u>
From Date <u>2001</u>	To Date <u>2003</u>
For <u>Mike Koenig</u>	Address <u>Sheboygan</u>
From Date <u>1999</u>	To Date <u>2001</u>

- 6 State in detail the type of work you have been doing: Siding, windows, doors, Floors, rough carpentry, finish carpentry, masonry, decks, cabinets, demo, painting  
and the type of work you expect to do in the future: Mostly kitchen + Bath remodels some flooring, siding + 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? no, If so, state with whom, and dates:
- 9 Have you ever held a Construction related license? no If YES, list type, date and jurisdiction.
- 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? N/A. Are you familiar with the definition of, and can perform the work required under the Municipal Code? N/A.
- 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

9/6/2023  
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



**BUILDING INSPECTION DEPARTMENT** Item 7.  
828 Center Avenue, Suite 208  
Sheboygan, WI 53081-4442  
Phone: (920) 459-3477  
buildinginspection@sheboyganwi.gov


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

9/6/23  
\_\_\_\_\_  
Date

Sam Payne  
\_\_\_\_\_  
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.: 36892 Application Date: 1/11/22 Approved on: 1/11/22

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			Certificate		
	Board Meeting	Exam			
General Contractor _____	YES	YES	Moving/Razing _____	Excavating _____	
Carpenter <input checked="" type="checkbox"/> _____	YES	NO	Concrete/Asphalt _____	Masonry _____	
Carpenter-Accessory _____	YES	NO	Steel Erecting _____	Tuckpointing _____	
			Roofing _____	Siding _____	
			Doors/Windows _____	Insulation _____	
			Drywall _____	Fences _____	
				Cabinets/Countertops <input checked="" type="checkbox"/>	

(do not complete this section) in the city of Sheboygan, Wisconsin for the year ending December 31, 20 24. The application fee of \$ 25 has been paid to the Building Inspection Department as shown by Receipt Number 197172. 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 Marcos Middle Initial D Last Name Moreno  
Home Address 1121 Huron Ave Cell #: (920) 287 5531  
City Sheboygan State WI Zip(+4) 53081 - 3345
- Email moreno.senc.11c 77@gmail.com
- State Credentials: Dwelling Contractor: \_\_\_\_\_ Dwelling Qualifier: \_\_\_\_\_
- Current Employer Self employer Moreno's Roofing & Concrete  
How long have you been employed: 9 years \_\_\_\_\_ months. Number of employees: \_\_\_\_\_  
Work Address \_\_\_\_\_ Work #: (920) 287 5531  
City Sheboygan State WI Zip(+4) 53081
- Work Experience: For whom have you worked? How did you gain your contracting experience?  
For Drywall Address Noel's Drywall &  
From Date 2015 To Date 2022  
For Cabinets installation Address Robert Binder Construction & Moreno's Roofing & Concrete  
From Date 9/1/2019 To Date 2022  
For 2022 Address \_\_\_\_\_  
From Date \_\_\_\_\_ To Date \_\_\_\_\_  
For \_\_\_\_\_ Address \_\_\_\_\_  
From Date \_\_\_\_\_ To Date \_\_\_\_\_

- 6 State in detail the type of work you have been doing: Demo Kitchen plaster, put  
new drywall ceiling and walls, install kitchen cabinets and  
laminated counter tops, install window, replace window & doors building sheds  
and the type of work you expect to do in the future: sun room additions, garages, detached garages, building walls, framing work with wood  
drywall and install new cabinets, put new windows, doors,  
build sheds and detached garages, sun room addition remodel restaurants.
- 7 Have you attended a trade school: No. If yes, give date, name and address of school(s) attended: Framing - build decks  
and fences.
- 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. Roofing Siding & concrete in Sheboygan WI.
- Have you ever had a construction related license denied, refused, or revoked? Yes If YES, list date, place and reason:  
cabaret license for not enough experience. of two years minimum
- 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.

[Signature]  
APPLICANT SIGNATURE

11/09/2022  
DATE

Witnessed by: [Signature]

Print Name: Linnat W. Wers

Address: 828 Center Ave  
Sheboygan

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.
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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

11/09/2027  
Date

Marcos De Jesus Moreno Casas  
Building Contractor - please print

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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: \_\_\_\_\_