



BOARD OF LICENSE EXAMINERS AGENDA

April 02, 2024 at 5:00 PM

City Hall - Room 207, 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 January 16, 2024 meeting.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review and discuss qualifications and experience of Anthony Greco, #3575, applying for a Carpenter license.
7. Review and discuss qualifications and experience of Avery Aicher, #3550, applying for a Carpenter Accessory license.
8. Review and discuss qualifications and experience of Jamel Perez, #5108, applying for a Masonry certificate.
9. Review and discuss qualifications and experience of Juan C Carlos, #50122, applying for a Carpenter license held over from the January 16th meeting to supply additional experience.

NEXT MEETING DATE

10. Next scheduled meeting: June 04, 2024 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, January 16, 2024

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. Zach Rust, Craig Seider, Todd Thone

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

Others Present: Matthew Pomeranke (by phone), Oswaldo Rosales, Juan Castro

2. Call to Order

Ald. Zach 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

Each member introduced themselves to applicants. Applicants introduced themselves to board members.

MINUTES

5. Approve minutes of December 5, 2023 meeting.

Reviewed minutes of December 5, 2023. Motion by Todd Thone, seconded by Craig Seider to approve the minutes of December 5, 2023.

6. Approve minutes of January 9, 2024 meeting.

Reviewed minutes of January 9, 2024. Motion by Todd Thone, seconded by Craig Seider to approve the minutes of January 9, 2024.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

7. Review and discuss qualifications and experience of Matthew Pomeranke, applying for a Carpenter license.

Motion by Todd Thone, seconded by Craig Seider to grant city carpenter license and to send to city council. Motion carried.

- 8. Review and discuss qualifications and experience of Oswaldo Rosales, #3774, applying for a Carpenter license held over from the December meeting to supply additional experience.

Motion by Craig Seider, seconded by Todd Thone to grant city carpenter license and to send to city council. Motion carried.

- 9. Additional Applications received after Agenda published:

Review and discuss qualifications and experience of Juan Carlos Castro, contractor #50122, applying for a carpenter license.

Motion by Ald. Zach Rust, seconded by Todd Thone to hold until next meeting for review of additional work experience. Motion carried.

NEXT MEETING DATE

- 10. Next scheduled meeting: **February 6, 2024** at 5:00 P.M.

Motion by Ald. Zach Rust, seconded by Todd Thone to have next meeting on **February 6, 2024** at **5:00** P.M. Motion carried.

ADJOURN

- 11. Motion to Adjourn

Motion by Todd Thone, seconded by Craig Seider to adjourn at 5:22 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*



BUILDING INSPECTION DIVISION
828 Center Avenue, Suite 208
Sheboygan, WI 53081-4442
Phone: (920) 459-3477
Fax: (920) 459-0210
buildinginspection@sheboyganwi.gov

Customer No.: 3575 Application Date: 03/18/2024 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 _____	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 Division 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:

- 1 First Name Anthony Middle Initial J Last Name Greco
Home Address 1521 W. Randolph Dr Cell #: (847) 366 3776
City Algonquin State IL Zip(+4) 60102-
- 2 Email tony@grecoremodeling.com
- 3 State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____
- 4 Current Employer: Greco Remodeling Services, Inc.
How long have you been employed: 20 years _____ months. Number of employees: 3
Work Address 637 Frazier Ave #4 Work #: (847) 891 4366
City Elgin State IL Zip(+4) 60123-
- 5 Work Experience: For whom have you worked? How did you gain your construction experience?
For Caravel Autisra Address 1575 Alliance Ave Green Bay WI
From Date 1-1-2020 To Date present
For Boxer Property Address 75 Executive Dr Aurora IL
From Date 1-1-2017 To Date present
For Greco Remodeling Service Address 637 Frazier Ave Elgin IL
From Date 1999 To Date present
For _____ Address _____
From Date _____ To Date _____



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

6 State in detail the type of construction work you have been doing: Commercial & Residential remodeling, Buildouts, Exterior (roof, siding, windows) general contracting, Framing, Interiors (kitchens/bath)
and the type of construction work you expect to do in the future: same as above

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 City Construction related license/certification? yes If YES, list type and dates:
Chicago general contract 03-24, IL Roofing license 98-25
Misc Village license

Have you ever had a City construction related license/certification 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.

I, the applicant, further acknowledge:

- a) Receipt of City Ordinance Chapter 12 Division 12-II-3 - Contractors
- b) License applied for expires at end of current calendar year
- c) It is my responsibility to renew license prior to expiration
- d) It is my responsibility to submit timely a valid Certificate of Insurance

[Signature]
APPLICANT SIGNATURE
3/8/24
DATE

Witnessed by: [Signature]
Print Name: Josh Osmer
Address: 825 Harper Pk
Algouquin, IL 60102



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

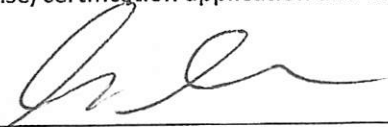
July 20, 2023

TO ALL BUILDING APPLICANTS:

It is important to emphasize 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 license/certification application and will be kept on file.**



Building Contractor - *Signature*

3/18/24

Date

Anthony Greco

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 _____ have/has 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: _____



BUILDING INSPECTION DEPARTMENT
828 Center Avenue, Suite 208
Sheboygan, WI 53081-4442
Phone: (920) 459-3477
Fax: (920) 459-0210
buildinginspection@sheboyganwi.gov

Customer No.: _____ Application Date: _____ 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.

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

- 1 First Name Avery Middle Initial J Last Name Aicher
 Home Address 715 Center Ave Cell #: (920) 287-6280
 City Oostburg State Wi Zip(+4) 53070-1434
- 2 Email Ave.Aicher@gmail.com
- 3 State Credentials: Dwelling Contractor: 12 credits Dwelling Qualifier: _____
- 4 Current Employer Erick Homes
 How long have you been employed: 1 years 10 months. Number of employees: 1
 Work Address 2457 Blake Ct Work #: (920) 960-5063
 City Oshkosh State Wi Zip(+4) 54904
- 5 Work Experience: For whom have you worked? How did you gain your contracting experience?

For <u>Erick Homes</u>	Address <u>2457 Blake Ct</u>
From Date <u>05/23/22</u>	To Date <u>Current</u>
For <u>Nyhop Gutters Siding Windows</u>	Address <u>1135 Superior Ave</u>
From Date <u>02/12/2020</u>	To Date <u>05/20/22</u>
For <u>Acute Construction</u>	Address <u>N9182 Dairyland Dr</u>
From Date <u>04/01/16</u>	To Date <u>09/01/19</u>
For _____	Address _____
From Date _____	To Date _____



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

6 State in detail the type of work you have been doing: I Plan on Building With American Garage

and the type of work you expect to do in the future: Build Garages and other Construction type Services

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:

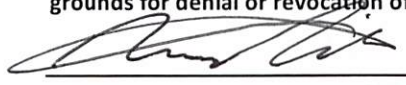
9 Have you ever held a Construction related license? No If YES, list type, date and jurisdiction.

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

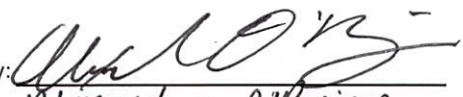
10 Have you read the Ordinance and all amendments to date which were passed by the Common Council of the City of Sheboygan, Wisconsin, pertaining to the License/Certification you are applying for? Yes. Are you familiar with the definition of, and can perform the work required under the Municipal Code? 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
03/20/24
DATE

Witnessed by: 
Print Name: Alexandra O'Brien
Address: 715 Center Ave
Oostburg, WI 53070

- 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
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

03/20/24

Date

Avery Aicher

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 ~~_____~~ Avery Aicher 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: 03/20/24



Customer No.: 5108 Application Date: 3,7, 2024 Approved: _____ on: _____

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

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

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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 _____	YES	NO

Certificate	
Moving/Razing _____	Excavating _____
Concrete/Asphalt _____	Masonry <u>✓</u>
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 Division 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 A Middle Initial Ala Last Name Perez
 Home Address 1404 Carl Ave Cell #: () 920 254 6970
 City Sheboygan State WI Zip(+4) _____
- Email perezbastida18@gmail.com
- State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____
- Current Employer: _____
 How long have you been employed: _____ years _____ months. Number of employees: _____
 Work Address _____ Work #: () _____
 City _____ State _____ Zip(+4) _____
- Work Experience: For whom have you worked? How did you gain your construction experience?

For <u>Wang Wicks</u>	Address _____
From Date <u>2018, 2023</u>	To Date _____
For _____	Address _____
From Date <u>Oastbarr concrete</u>	To Date _____
For <u>2023, 2024</u>	Address _____
From Date _____	To Date _____
For _____	Address _____
From Date _____	To Date _____



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

6 State in detail the type of construction work you have been doing: concrete, Alphas

and the type of construction work you expect to do in the future: Driveway

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: 2, 3, 2022

9 Have you ever held a City Construction related license/certification? Yes If YES, list type and dates: 2, 3, 2022

Have you ever had a City construction related license/certification denied, refused, or revoked? Yes
If YES, list date, place and reason: work

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? 53081

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.

I, the applicant, further acknowledge:

- a) Receipt of City Ordinance Chapter 12 Division 12-II-3 - Contractors
- b) License applied for expires at end of current calendar year
- c) It is my responsibility to renew license prior to expiration
- d) It is my responsibility to submit timely a valid Certificate of Insurance

[Signature]
APPLICANT SIGNATURE
3, 7, 2024
DATE

Witnessed by: Savanna Olson
Print Name: _____
Address: _____



July 20, 2023

TO ALL BUILDING APPLICANTS:

It is important to emphasize 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 license/certification application and will be kept on file.**

Building Contractor - *Signature*

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 <i>NOT</i> ELIGIBLE FOR THIS OPTION.)	
Please be advised that _____ have/has 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: <u>3, 7, 2024</u>



828 Center Avenue, Suite 208
 Sheboygan, WI 53081-4442
 Phone: (920) 459-3477
 Fax: (920) 459-0210
buildinginspection@sheboyganwi.gov

Customer No.: 50122 Application Date: 01/11/2024 Approved: _____ on: _____

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

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

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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: X Temporary: _____ Temporary Job Location: _____

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <u>X</u>	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 _____	Waterproofing _____

(do not complete this section) in the city of Sheboygan, Wisconsin for the year ending December 31, 2024. The application fee of \$ 50 has been paid to the Building Inspection Division as shown by Receipt Number 203458. License/Certificate Fee of \$ 200 is to be made upon application approval for License/Certificate.

All of the following questions/blanks must be completed:

1 First Name Juan Middle Initial _____ Last Name Carlos
 Home Address 2112 S 9th St Cell #: (920) 917-4101
 City Sheboygan State WI Zip(+4) 53081-6022

2 Email carlos.juan.roofing2016@gmail.com

3 State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____

4 Current Employer: Sheboygan Roofing LLC
 How long have you been employed: 4 years _____ months. Number of employees: _____
 Work Address 2112 S 9th St Work #: (920) 917-4101
 City Sheboygan State WI Zip(+4) 53081-

5 Work Experience: For whom have you worked? How did you gain your construction experience?

<p><u>3 yrs</u> For <u>Oastbury concrete</u> From Date <u>2018</u> , <u>2021</u></p> <p><u>2 yrs</u> For <u>A. Chappa LLC</u> From Date <u>2017</u> , _____</p>	<p>Address <u>110 S business park DR</u> To Date <u>2021</u></p> <p>Address <u>443 North main St</u> To Date <u>2018</u></p>
For _____ From Date _____ , _____	Address _____ To Date _____ , _____
For _____ From Date _____ , _____	Address _____ To Date _____ , _____



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

6 State in detail the type of construction work you have been doing: framing, putting up, demolishing, Renovation, Repairs, building Renovation.

and the type of construction work you expect to do in the future: building Renovation, Repairs, putting up

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 City Construction related license/certification? YES If YES, list type and dates: Roofing, siding, Doors/windows

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

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.

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- c) It is my responsibility to renew license prior to expiration
- d) It is my responsibility to submit timely a valid Certificate of Insurance

[Signature]

APPLICANT SIGNATURE
1-11-24
DATE

Witnessed by: [Signature]
Print Name: Miguel Silva
Address: 2124 N 9th St

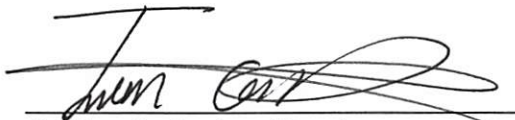
July 20, 2023

TO ALL BUILDING APPLICANTS:


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Building Contractor - *Signature*



Date



Building Contractor - *please print*

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Signature: _____ Date: _____