



*****AMENDED*** BOARD OF LICENSE EXAMINERS AGENDA**

June 04, 2024 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 April 2, 2024 meeting.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

- [6.](#) Review and discuss qualifications and experience of Monty M. Mathis, #3478, applying for a Carpenter license.
- [7.](#) Review and discuss qualifications and experience of Jose A Juarez Jimenez, #55482, applying for a Carpenter license.
- [8.](#) Review and discuss qualifications and experience of Jose Gil Salazar, #4004, applying for a Siding certificate.

NEXT MEETING DATE

9. Next scheduled meeting: August 6, 2024 at 5:00 P.M.

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, April 02, 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, Andy Hopp, Todd Thone and Dan Zelm

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

Others Present: Anthony Greco (by phone), Avery Aicher, Jamel Perez

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 January 16, 2024 meeting.

Reviewed minutes of January 16, 2024 special meeting. Motion by Dan Zelm, seconded by Todd Thone to approve the minutes of January 16, 2024.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review and discuss qualifications and experience of Anthony Greco, #3575, applying for a Carpenter license.

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

7. Review and discuss qualifications and experience of Avery Aicher, #3550, applying for a Carpenter Accessory license.

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

- 8. Review and discuss qualifications and experience of Jamel Perez, #5108, applying for a Masonry certificate.

Motion by Dan Zelm, seconded by Andy Hopp to approve withdrawal of city masonry certification. Motion carried.

- 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.

Motion by Andy Hopp, seconded by Todd Thone to Deny city carpenter license. Motion carried.

NEXT MEETING DATE

- 10. Next scheduled meeting: June 04, 2024 at 5:00 P.M.

Motion by Andy Hopp, seconded by Todd Thone to have next meeting on **June 4, 2024 at 5:00 P.M.** Motion carried.

ADJOURN

- 11. Motion to Adjourn

Motion by Todd Thone, seconded by Dan Zelm to adjourn meeting at 5:35 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.: 3478 Application Date: 04/18/2024 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 <input checked="" type="checkbox"/> |
| Doors/Windows <input checked="" type="checkbox"/> | Insulation <input checked="" type="checkbox"/> |
| Drywall <input checked="" type="checkbox"/> | Fences <input checked="" type="checkbox"/> |
| Cabinets/Countertops <input checked="" type="checkbox"/> | 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 Monty Middle Initial M Last Name Muthis
 Home Address 1715 N 12th St Cell #: (920) 627-9770
 City Sheboygan State WI Zip(+4) 53081
- Email IronWoodbrothers6@gmail.com
- State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____
- Current Employer: Ironwood Carpentry, LLC
 How long have you been employed: 1 years _____ months. Number of employees: 4
 Work Address 1617 S 8th St Work #: (920) 627-8122
 City Sheboygan State WI Zip(+4) 53081
- Work Experience: For whom have you worked? How did you gain your construction experience?

| | |
|--|---------------------------|
| For <u>Architectural Products of Wisconsin</u> | Address _____ |
| From Date <u>Jan 2017</u> | To Date <u>Sept. 2021</u> |
| For <u>Allterior Carpentry, LLC</u> | Address _____ |
| From Date <u>Sept 2021</u> | To Date <u>Feb 2023</u> |
| For <u>Ironwood Carpentry, LLC</u> | Address _____ |
| From Date <u>Feb 2023</u> | To Date <u>Feb 2024</u> |
| For _____ | Address _____ |
| From Date _____ | To Date _____ |

- 6 State in detail the type of construction work you have been doing: My first four years did mainly exterior panel systems. In Milwaukee area as a union carpenter. The last two-three years I have done more residential work like decks, fences, and remodels and the type of construction work you expect to do in the future: Decks, fences, siding, and remodels from demo to rough framing to finish
- 7 Have you attended a trade school: Yes. If yes, give date, name and address of school(s) attended: Jan 2017-21, Carpenters Training Institute - Pewaukee
- 8 Did you serve an apprenticeship period? Yes, If so, state with whom, and dates: Architectural Products of Wausau, Jan 2017-21
- 9 Have you ever held a City Construction related license/certification? No If YES, list type and dates: _____
- 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
4/18/2024
DATE

Witnessed by: _____
Print Name: Monty Mathis
Address: 1715 N 12th St.

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

4/18/2024
Date

Monty Mathis
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: _____

Customer No.: 55482 Application Date: 05/06/2024 Approved: _____ on: _____
 Check/Card #: _____ Amount Pd: _____ Bill #: _____ ^{Cancel} Date: _____
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2024. The Application or Temporary License fee of \$ 50.00 has been paid to the Building Inspection Division as shown by Receipt Number 215016. License/Certificate Fee of \$ 200.00 is to be made upon application approval for License/Certificate.

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

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

TO THE BOARD OF LICENSE EXAMINERS CITY OF SHEBOYGAN, WISCONSIN

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 |

Note: Temporary does not attend Board Meeting

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

All of the following questions/blanks must be completed:

- 1 First Name Jose Middle Initial A Last Name Juarez Jimenez
 Home Address 1317 S 8th street Cell #: (920) 627-15-54
 City Sheboygan State WI Zip(+4) 53081-5325
- 2 Email josejuarezjimenez123@gmail.com
- 3 State Credentials: Dwelling Contractor #: DC Dwelling Qualifier: DCQ
- 4 Name of Current Employer: AJ Construction
 How long have you been employed: 4 years 5 months. Number of employees: 0
 Work Address 1317 S 8th street Work #: (920) 627 15-54
 City Sheboygan State WI Zip(+4) 53081
- 5 Work Experience: For whom were you employed? (Do not list contract work). How did you gain your construction experience?

| | |
|-------------------------------|---|
| For <u>Alpine Insulations</u> | Address <u>1941 Ashland Ave, Sheboygan</u> |
| From Date <u>2017</u> | To Date <u>2020</u> |
| For <u>The house Doctor</u> | Address <u>2034 W Foresthome, Milwaukee</u> |
| From Date _____, <u>2013</u> | To Date _____, <u>2017</u> |
| For _____ | Address _____ |
| From Date _____ | To Date _____ |
| For _____ | Address _____ |
| From Date _____ | To Date _____ |

6 State in detail the type of construction work you have performed: Insulation, Framing, Drywall
Flooring, siding, doors, windows, roofing

Type of construction work you expect to complete in the future: same.

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 held a City Contractor related license/certification? NO If YES, list type and dates:

Have you ever had a City contractor license/certification denied, refused, or revoked? NO

If YES, list date 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 City Ordinance? 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/Certification applied for expires at end of current calendar year
- c) It is my responsibility to renew license prior to expiration until such time as not needed
- d) It is my responsibility to submit timely a valid Certificate of Insurance (COI)

Rose A. Suarez J.
APPLICANT SIGNATURE
5/6/24
DATE

Signature Witnessed by: Martha Reyes
Print Witness Name: Martha Reyes
Witness Address: 1317 S 8th St
Sheboygan, WI 53081

APPLICANT:

It is important to emphasize the process and procedures provided for in city and state codes for required inspections. Please read the "Required Building Inspections" handout carefully and adhere to the requirements. If a required inspection is not requested of an inspector, 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 DIVISION

After you read the attached the "Required Building Inspections" handout, please sign below. **This sheet must accompany your license/certification application and will be kept on file.**

Applicant Signature

Date of Signature

Applicant (please print name)

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 A J Construction 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: Rose A. Alvarez

Date: 5/6/24



Bill #
05/29/2024
\$125

Carol

Item 8.
BUILDING INSPECTION DEPARTMENT
828 Center Avenue, Suite 208
Sheboygan, WI 53081-4442
Phone: (920) 459-3477
Fax: (920) 459-0210
buildinginspection@sheboyganwi.gov

Submit to Board

Customer No.: 4004 Application Date: 05/29/2024 Approve 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: X 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 _____ |
| Steel Erecting _____ | Tuckpointing _____ |
| Roofing _____ | Siding <u>X</u> |
| 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 JOSE Middle Initial _____ Last Name GIL SALAZAR
Home Address 2304 PENNSYLVANIA AVE Cell #: (920) 889-2253
City SHEBOYGAN State WI Zip(+4) 53081 - 4252

2 Email _____

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

4 Current Employer SELF EMPLOYED

How long have you been employed: 2 years 0 months. Number of employees: 0
Work Address _____ Work #: () _____
City _____ State _____ Zip(+4) _____

5 Work Experience: For whom have you worked? How did you gain your contracting experience?
For Morena's Roofing & Concrete Address _____
From Date 10 / 2022 To Date 12 / 2022
For Isidoro Roofing Address _____
From Date 01 / 2022 To Date 12 / 2022
For E+R Roofing Address _____
From Date 01 / 2021 To Date 01 / 2022
For A+A Roofing Address _____
From Date 01 / 2018 To Date 01 / 2018



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: roofing intstallations and siding installation
and the type of work you expect to do in the future: roofing and siding

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

8 Did you serve an apprenticeship period? NO, If so, state with whom, and dates:
N/A

9 Have you ever held a Construction related license? NO If YES, list type, date and jurisdiction.
N/A

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

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.

[Handwritten Signature]

APPLICANT SIGNATURE
10/10/2023
DATE

Witnessed by: *[Handwritten Signature]*
Print Name: Lestey Achoa
Address: 1427 N 8th St
Sheboygan 53081

- 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

10/10/2023

Date

JOSE GIL SALAZAR

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 JOSE GIL SALAZAR 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: 10/10/2023