



BOARD OF LICENSE EXAMINERS AGENDA

January 16, 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 December 5, 2023 meeting.
6. Approve minutes of January 9, 2024 meeting.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

7. Review and discuss qualifications and experience of Matthew Pomerence, applying for a Carpenter license.
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.
9. Additional Applications received after Agenda published:

NEXT MEETING DATE

10. Next scheduled meeting: January 16, 2024 at 5:00 P.M.

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, December 05, 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, Todd Thone and Dan Zelm

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

Others Present: Clayton Schmeling, Oswaldo Rosales

2. Call to Order

Ald. 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

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

MINUTES

5. Approve minutes of October 3, 2023 meeting.

Reviewed minutes of October 3, 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 Matthew Pomerence, applying for a Carpenter license.

Motion by Dan Zelm, seconded by Todd Thone to hold over till next meeting as Mr. Pomerence was not present. Motion carried.

7. Review and discuss qualifications and experience of Clayton Schmeling, #40275, applying for a Carpenter license held over from October meeting.

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

8. Additional Applications received after Agenda published:

Review and discuss qualifications and experience of Oswaldo Rosales, contractor #3774, applying for a carpenter license.

Motion by Andy Hopp, seconded by Dan Zelm to hold until next meeting for review of proof of experience and to discuss qualifications. Motion carried.

NEXT MEETING DATE

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

Motion by Andy Hopp, seconded by Dan Zelm to have next meeting on **February 6, 2024** at **5:00** P.M.
Motion carried.

ADJOURN

10. Motion to Adjourn

Motion by Dan Zelm, seconded by Todd Thone to adjourn meeting 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:

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CITY OF SHEBOYGAN
BOARD OF LICENSE EXAMINERS MINUTES
Tuesday, January 09, 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 - Meeting cancelled due to lack of quorum.
2. Call to Order
3. Pledge of Allegiance
4. Introduction of Commission members and staff

MINUTES

5. Approve minutes of December 5, 2023 meeting.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review and discuss qualifications and experience of Matthew Pomerence, applying for a Carpenter license.
7. 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.
8. Additional Applications received after Agenda published:

NEXT MEETING DATE

9. Next scheduled meeting: January 16, 2024 at 5:00 P.M.

ADJOURN

10. Motion to Adjourn

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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.: 4056 Application Date: 10/05/2023 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: City of Sheboygan

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

(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 Matthew Middle Initial T Last Name Pomerence
 Home Address N5924 Blueberry Rd Cell #: 715 321-3695
 City Scandinavia State WI Zip (+4) 54977
- Email Matthew.pomerence@drexelteam.com
- State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____
- Current Employer Drexel Systems
 How long have you been employed: 3 years 4 months. Number of employees: 19
 Work Address 500 Lorry St Work #: 866 328-2583
 City Amherst State WI Zip (+4) 54406
- Work Experience: For whom have you worked? How did you gain your contracting experience?
 For Blenker Building Systems Address 500 Lorry St, Amherst WI
 From Date Oct 24, 2005 To Date April 30, 2020
 For _____ Address _____
 From Date _____ To Date _____
 For _____ Address _____
 From Date _____ To Date _____
 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: Off-site construction. We assemble (frame) residential homes using pre-built floor and wall panels and roof trusses. Rough framing only
 and the type of work you expect to do in the future: Rough framing of residential homes utilizing Off-site construction
- 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.

Mattew Pomeroy

APPLICANT SIGNATURE

10/05/2023

DATE

Witnessed by: Nate Sippel

Print Name: Nate Sippel

Address: 110 E. Main St.

Campbellsport, WI 53010

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.

Mike Rene

Building Contractor - Signature

10-05-2023

Date

Matthew Pomeroy

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.: 3774

Application Date: 12/05/2025

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 <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 200361. 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 OSWALDO Middle Initial _____ Last Name ROSALLES
Home Address 414 BLUFF AVE Cell #: (920) 377 6435
City SHEBOYGAN State WI Zip(+4) 53081-2874

2 Email ROSWALDO786@GMAIL.COM

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

4 Current Employer: SELFEMPLOYED

How long have you been employed: 20 years 1 months. Number of employees: _____

Work Address 414 BLUFF AVE Work #: (920) 377 6435

City SHEBOYGAN State WI Zip(+4) 53081-

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

For <u>LAKE LAND CONSTRUCTION</u>	Address <u>6903 ARROW DR MANITOWOC WI</u>
From Date <u>2011</u> TO <u>2022</u>	To Date _____
For _____	Address _____
From Date _____	To Date _____
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 construction work you have been doing: HOME REMODELING, DRY WALL HANGING, MUD AND TAPPING, FLOOR INSTALLATION, TILE
and the type of construction work you expect to do in the future: EXPAND MY OWN BUSINESS
- 7 Have you attended a trade school: ~~YES~~ 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? 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

OSWALDO ROSALES

APPLICANT SIGNATURE

12/04/23

DATE

Witnessed by:

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.**

Osvaldo Rosales
Building Contractor - Signature

12/03/23
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 _____ 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: _____



Corporate Office: 6903 Arrow Drive * Manitowoc, WI 54220 * Phone (920) 682-5643 * Fax (920) 682-6200

This letter is regarding Oswaldo Rosales.

I have had the pleasure of working with Oswaldo from around 2011 to present. In that time, he has demonstrated competence in the construction systems we used daily.

Oswaldo has demonstrated an understanding and respect for the safe working practices that are demanded by Lakeland Construction and the industry. He is knowledgeable in general building systems including framing and finish applications. Oswaldo understands structural components and application as they relate to a building's overall structural integrity.

I've been witness to him running jobs and interacting with other tradespeople and costumers in a professional and efficient fashion.

Oswaldo has the problem-solving skills for this industry and can see the bigger picture when it comes to construction projects.

Whatever he chooses to do in the future, I'm sure it will add benefit to those involved.

Sincerely,

Grant Stammer, Senior Project Manager
Lakeland Construction, Inc.
6903 Arrow Drive
Manitowoc, WI 54220

(920) 851-7304

gcsearth@gmail.com

920 377 6436

Oswaldo Rosales