



BOARD OF LICENSE EXAMINERS AGENDA

April 07, 2026 at 5:00 PM

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

It is possible that a quorum (or a reverse quorum) of the Sheboygan Common Council or any other City committees/boards/commissions may be in attendance, thus requiring a notice pursuant to State ex rel. Badke v. Greendale Village Board, 173 Wis. 2d 553, 494 N.W.2d 408 (1993).

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. All Committee members may attend the meeting remotely.

OPENING OF MEETING

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

MINUTES

5. Review minutes of February 3, 2026 Board of License Examiners meeting.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review and discuss qualifications and experience of Chad Voskuil, #48992, applying for a Carpenter Contractor license.
7. Review and discuss qualifications and experience of Robert Scherer, #2315, applying for a Carpenter Contractor license.
8. Review and discuss application of Jeffrey Hassinger, #2715, applying for a General Contractor, approved for exam December 2, 2025 but has not scheduled.

NEXT MEETING DATE

9. Next scheduled meeting: June 1, 2026 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, February 03, 2026

OPENING OF MEETING

1. Roll Call

Board Members Present: Todd Thone, Dan Zelm, Sam Payne

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

Others Present: Seth Steffen, Steven Brennan, Thomas Stefonoski, Brian Van Wageningen

2. Call to Order

Dan Zelm called the meeting to order at 5:00 P.M.

3. Pledge of Allegiance

Pledge of Allegiance was recited by all present.

4. Introduction of Commission members and staff

Each board member introduced themselves to attendees and attendees introduced themselves to board members.

MINUTES

5. Review minutes of December 2, 2025 Board of License Examiners meeting.

Reviewed minutes of **December 2, 2025**. Motion by Dan Zelm, seconded by Todd Thone to approve the minutes of **December 2, 2025**. Motion carried.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review and discuss qualifications and experience of Seth Steffen, #6734, applying for a Carpenter Contractor license.

Motion by Dan Zelm, seconded by Todd Thone to approve carpenter contractor. Motion carried.

7. Review and discuss qualifications and experience of Brian L Van Wageningen, #34933, applying for a Carpenter Contractor license.

Motion by Sam Payne, seconded by Dan Zelm to approve carpenter contractor. Motion carried.

NEXT MEETING DATE

8. Next scheduled meeting: April 7, 2026 at 5:00 P.M.

Motion by Sam Payne, seconded by Dan Zelm to have next meeting on **April 7, 2026**
5:00 P.M. Motion carried.

Item 5.

ADJOURN

9. Motion to Adjourn

Motion by Dan Zelm, seconded by Todd Thone to adjourn at 5:15 P.M. Motion carried.



Customer No.: 48992 Application Date: 02/04/2026 Approved: _____ on: _____
 Payment _____ Card _____
 Check/Card #: 1580 Amount Pd: \$50.00 Bill #: N/A Printed: _____
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2024. The application/temporary License fee of \$ 50.00 has been paid to the Building Inspection Division as shown by receipt # 251099. The license/certificate fee of \$ 200.00 is to be made upon application approval for each 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 license 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 Chad Middle Initial W. Last Name Voskuil
 Home Address W2352 DeMaster Rd. Oostburg Cell #: (920) 917-1341
 City Oostburg State WI Zip(+4) 53070
- 2 Preferred Email voskuilrepairs@gmail.com
- 3 Name of Current Employer: Voskuil Repairs & Services LLC
 How long have you been employed: years: 6 months: _____ Number of employees: 0
 Business Address same Work #: () same
 City _____ State _____ Zip(+4) _____
- 4 State Credentials: Dwelling Contractor #: 042000323 - DC Dwelling Qualifier: 042000364 - DCQ
- 5 Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?

For <u>Voskuil Repairs & Services</u>	Address _____
From Date <u>Jan 2019</u>	To Date <u>Feb 2026</u>
For <u>Richco Structures</u>	Address _____
From Date <u>March 1994</u>	To Date <u>Sept. 2012</u>
For _____	Address _____
From Date _____	To Date _____
For _____	Address _____
From Date _____	To Date _____



6 State in detail type of construction work you have performed: Full basement additions, full gut remodels of all rooms, garden sheds, pergolas, garages, cabinet installation, steel fabrication, doors + windows, ext. repairs, decks-new + rebuild
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? _____ 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)

[Signature]
APPLICANT SIGNATURE
2-4-2026
DATE

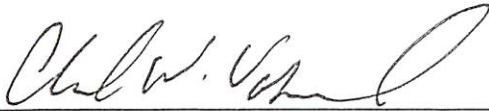
Signature Witnessed by: [Signature]
Print Witness Name: _____
Witness Address: _____

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



Applicant Signature

2-4-2026

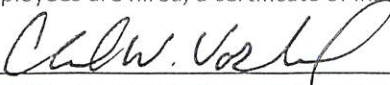
Date of Signature

Chad W. Voskuil

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 Voskuil Repairs & Services LLC 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: 2-4-2026



Customer No.: 2315 Application Date: 03/30/2026 Approved: CRICK on: 3.
 Payment Card
 Check/Card #: 1377 Amount Pd: 50.00 Bill #: _____ Printed: _____
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2026. The application/temporary License fee of \$ 50.00 has been paid to the Building Inspection Division as shown by receipt # 255633. The license/certificate fee of \$ _____ is to be made upon application approval for each license/certificate.

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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 ROBERT Middle Initial R Last Name SCHERER
 Home Address N376 DOAN RD Cell #: (920) 948-2855
 City ST. CLOUD State WI Zip(+4) 53069

2 Preferred Email AD MEN @ SS PAINTING AND RESTORATION . COM

3 Name of Current Employer: OWNER ST S PAINTING + RESTORATION
 How long have you been employed: years: 10 months: 3 Number of employees: 72
 Business Address N376 DOAN RD Work #: (920) 948-2855
 City ST. CLOUD State WI Zip(+4) 53079

4 State Credentials: Dwelling Contractor #: 102301294 - DC Dwelling Qualifier: _____ - DCQ

5 Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?

New Homeowner
 For LARRY H. SCHERER GC Address 1950 W Hwy 33 SAUKVILLE WI
 From Date 01-01-1979 To Date 09-01-1996 , 53080
 For ~~CHARLES CONTARDO~~ Address _____
 From Date _____ To Date _____
OPERATIONS + MAINT
 For LAKE COUNTY UTILITIES Address 18 N COUNTY ST / WAUKESHA
 From Date 09-15-1989 To Date 05-01-2003 , 60085
 For _____ Address _____
 From Date _____ To Date _____

6 State in detail type of construction work you have performed: COMPLETE NEW HOME
BOZZLOS - FATHER WAS GC CONTRACTOR

Type of construction work you expect to complete in the future: ROOFING, SIDING, GEN. CARPENTRY
FRAMING, FLOORING, CABINETS, PAINTING, TILE
BATH, SHOWER STALLS.

7 Have you attended a trade school? YES. If yes, give date, name and address of school(s) attended:
2-YEARS MELWAURSE AREA TECHNICAL COLLEGE

8 Did you serve an apprenticeship period? X, If so, state with whom, and dates:
GENERAL MOTORS ASEF PROGRAM - 1984-86

9 Have you held a City Contractor related license/certification? YES If YES, list type and dates:
ROOFING

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.

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APPLICANT SIGNATURE
03/30/2026
DATE

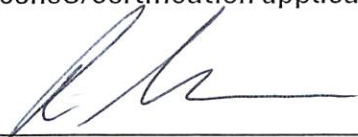
Signature Witnessed by: 
Print Witness Name: _____
Witness Address: _____

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Applicant Signature

3-30-26

Date of Signature

ROBERT SCHERER

Applicant (please print name)

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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: _____