



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

April 08, 2025 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 February 11, 2025 Board of License Examiners meeting.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review and discuss qualifications and experience of Ismail Abazi, #2167, applying for a Carpenter Contractor license.
7. Review and discuss qualifications and experience of Jeffrey M Berg, #2138, applying for a Carpenter-Accessory Contractor license.
8. Review and discuss qualifications and experience of Dusty Hungerford, #2085, applying for a Carpenter Contractor license.
9. Review and discuss qualifications and experience of Derek T. Fritsch, #2115, applying for a Carpenter Contractor license.
10. Nominate and elect Vice Chairperson for Board.

NEXT MEETING DATE

11. Next scheduled meeting: June 3, 2025 at 5:00 P.M.

ADJOURN

12. 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 11, 2025

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, Dan Zelm, Todd Thone

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

Others Present: Javier Reyes Ortiz

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 attendees. Attendee introduced himself to board members.

MINUTES

5. Approve minutes of December 3, 2024 Board of License Examiners meeting.

Reviewed minutes of December 3, 2024. Motion by Dan Zelm, seconded by Todd Thone to approve the minutes of December 3, 2024. Motion carried.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review and discuss qualifications and experience of Kris R Johnson, #225, applying for a General Contractor license.

Mr. Johnson passed exam on January 31, 2025 (94%). Motion by Dan Zelm, seconded by Todd Thone to grant General Contractor license and send to council. Motion carried.

7. Review and discuss qualifications and experience of Javier Reyes Ortiz, #2843, applying for a Carpenter Contractor license.

Motion by Dan Zelm, seconded by Todd Thone to change application to Carpenter Accessory license, grant said license and send to council. Motion carried.

- 8. Review and discuss complaint received from Mr. Wade Kever concerning deck project performed by Jason Reinhardt, Absolute Builders and Glass LLC, a city licensed carpenter who holds state credentials. Letter sent to Mr. Reinhardt allowing written response to complaint. No response received.

Motion by Todd Thone, seconded by Dan Zelm, to suspend (not allow renewal) of carpenter license for 2025 as well as registration of state credentials for 2025. Motion carried.

- 9. Review duties and responsibilities of board membership with board candidates in attendance. Allow questions from/to candidates.

Responsibilities include:

- review of all license applications, questions to applicants, and approval when qualifications/experience according to ordinances are met;
- review of complaints filed by residents against licensed contractors.

No board candidates were in attendance.

NEXT MEETING DATE

- 10. Next scheduled meeting: April 1, 2025 at 5:00 PM

Motion by Todd Thone, seconded by Dan Zelm to have next meeting on Date: April 1, 2025 at 5:00 P.M. Motion carried.

ADJOURN

- 11. Motion to Adjourn

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

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.: 2167 Application Date: 03/13/2025 AM Approved: PETRIK Roofing on: 3-13-25
 Payment Card
 Check/Card #: 173255786 Amount Pd: \$150.00 Bill #: 5676 Printed: _____
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 20 25. The application/temporary License fee of \$ 50.00 has been paid to the Building Inspection Division as shown by receipt # 231757. The license/certificate fee of \$ 100.00 is to be made upon application approval for each license/certificate. 231758

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 <u>✓</u>	<u>YES</u>	NO
Carpenter-Accessory _____	YES	NO

Note: Temporary does not attend Board Meeting

Certificate	
Moving/Razing _____	Excavating _____
Concrete/Asphalt _____	Masonry _____
Steel Erecting _____	Tuckpointing _____
<u>✓</u> Roofing <u>✓</u>	Siding <u>✓</u>
<u>✓</u> Doors/Windows <u>✓</u>	Insulation _____
<u>✓</u> Drywall <u>✓</u>	Fences <u>✓</u>
<u>✓</u> Cabinets/Countertops <u>✓</u>	Waterproofing _____

All of the following questions/blanks must be completed:

1 First Name Ismail Middle Initial _____ Last Name Abazi
 Home Address 2721 Sauwannah Cir Apt C Cell #: (920) 918 9026
 City Sheboygan State WI Zip(+4) 53081-1111

2 Preferred Email Mailolinda@ADL.com

3 Name of Current Employer: Self employ Samis Construction

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

Business Address _____ Work #: (9) _____

City _____ State _____ Zip(+4) _____

4 State Credentials: WI Dwelling Contractor #: _____ - DC Dwelling Qualifier: 2533 - DCQ

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

For I worked in North Macedonia Address Pelovo North macedonia
 From Date 2000 To Date 2004
 For Family Business Address _____
 From Date _____ To Date _____
 For Own construction companies Address Germany
 From Date 2009 To Date 2014
 For New Jersey Address Cherry Hill
 From Date 2007 To Date 2007



6 State in detail type of construction work you have performed: Wisconsin
Schwaller's Painting and Drywall
November - 2024 March 2025

Type of construction work you expect to complete in the future: Permit Dry wall
roofing siding deck cabinets

7 Have you attended a trade school? Yes. If yes, give date, name and address of school(s) attended:
Morha Pijade 2002

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)

[Signature]
APPLICANT SIGNATURE
03-13-2025
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

03-13-2025

Date of Signature

Ismail Abozi

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 _____ 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: _____

Ismael Abazi

03/13/2025

JA

My experience for Roofing Decks
Cabinets and countertop Doors windows.
2000-2004 North macedonia,
2007-2008 - September In New Jersey

2009-2014 Germany.



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.: 2138 Application Date: 03/25/2025 Approved: _____ on: _____
Payment _____ Card _____
Check/Card #: _____ Amount Pd: _____ Bill #: _____ Printed: _____
In the city of Sheboygan, Wisconsin, for the year ending December 31, 2025. The application/temporary License fee of \$ _____ has been paid to the Building Inspection Division as shown by receipt # _____. The license/certificate fee of \$ _____ is to be made upon application approval for each license/certificate.

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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 _____	YES	NO
Carpenter-Accessory <input checked="" type="checkbox"/> _____	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 Jeffrey Middle Initial M Last Name Berg
Home Address 811 Winston Dr Cell #: () 708-837-6422
City Melrose Park State IL Zip(+4) 60160-2354

2 Preferred Email jeff@americangaragebuilders.com

3 Name of Current Employer: American Garage Builders & Lumber Company, Inc.
How long have you been employed: years: 2 months: _____. Number of employees: 20
Business Address 576 Linnerud Dr Work #: () 608-834-9335
City Sun Prairie State WI Zip(+4) 53590-2944

4 State Credentials: Dwelling Contractor #: 080200071 - DC Dwelling Qualifier: 2649 - DCQ

5 Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?
For American Garage Builders Address 576 Linnerud Dr, Sun Prairie, WI
From Date 3/1/23 , To Date Current ,
For Bayou City Rail Address 14519 Kenny, Houston TX 77015
From Date 12/21/11 , To Date 4/25/15 ,
For _____ 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 type of construction work you have performed: Garage building, Home remodeling, railroad track building and repair

Type of construction work you expect to complete in the future: Garage building

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:
I held a railroad contractors license in Texas from 2012 to 2014

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
3/17/25
DATE

Signature Witnessed by: Lisa Franklin
Print Witness Name: Lisa Franklin
Witness Address: 733 Kelly St.
Sun Prairie, WI 53590



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

APPLICANT:

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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 

3/17/25

Date of Signature

Jeffrey M. Berg

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 _____ 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.: 2085 Application Date: 07/01/2025 Approved: _____ on: _____
 Payment Card Printed: _____
 Check/Card #: _____ Amount Pd: _____ Bill #: _____
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 20____. The application/temporary License fee of \$ _____ has been paid to the Building Inspection Division as shown by receipt # _____. The license/certificate fee of \$ _____ is to be made upon application approval for each license/certificate.

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

Note: Temporary does not attend Board Meeting

Certificate	
Moving/Razing _____	Excavating _____
Concrete/Asphalt <input checked="" type="checkbox"/> _____	Masonry _____
Steel Erecting _____	Tuckpointing _____
Roofing _____	Siding <input checked="" type="checkbox"/> _____
Doors/Windows <input checked="" type="checkbox"/> _____	Insulation <input checked="" type="checkbox"/> _____
Drywall _____	Fences <input checked="" type="checkbox"/> _____
Cabinets/Countertops <input checked="" type="checkbox"/> _____	Waterproofing _____

All of the following questions/blanks must be completed:

1 First Name Dusty Middle Initial _____ Last Name Hungerford
 Home Address 1622 S 12th St Cell #: (920) 994-0382
 City Sheboygan State WI Zip(+4) 53081-5246

2 Preferred Email Hs.Builds24@gmail.com

3 Name of Current Employer: Hs Builders LLC

How long have you been employed: years: 0 months: 3 Number of employees: _____

Business Address 1622 S 12th St Work #: (920) 994-0382

City Sheboygan State WI Zip(+4) 53081-5246

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

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

For SASD House Construction Address 1240 Washington Ave Sheboygan WI
 From Date August 2015 To Date June 2016

For Northcentral Construction Address 631 S Hickory St Fond du Lac WI 54935
 From Date November 2017 To Date June 2019

For tradesmen international Address 711 Deerwood Ave Unit C Neenah WI 54956
 From Date July 2019 To Date December 2022

For glass guru Address 3325 Behrens Pkwy Sheboygan WI 53081
 From Date June 2019 to January 2021 To Date June 2023 - August 2024

Concrete



6 State in detail type of construction work you have performed: Built a House in High School
Commercial carpentry and steel, glass, windows and doors and small
Bathroom remodels

Type of construction work you expect to complete in the future: Remodels and New House builds

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)

[Signature]
APPLICANT SIGNATURE
04-01-25
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.**

Dusty Hungerford
Applicant Signature

04-01-25
Date of Signature

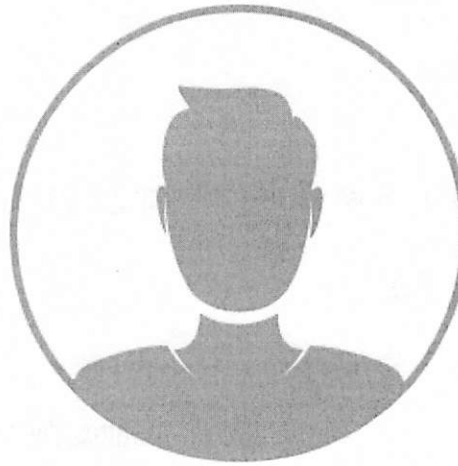
Dusty Hungerford
Applicant (please print name)

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 Hs Builders 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: Dusty Hungerford Date: 04-01-25

- Home Request Support
- Third Party Document Upload
- Application Status Lookup LEAP Login
- Provider Login Performance Data
- File a Complaint Orders and Disciplinary Actions
- License Lookup



DSPS Site Guest User ▼

Credential/License Summary for 2403 - DCFR

As of April 1, 2025 9:11:34 AM

Name : HS Builders LLC

Credential/License Number : 2403 - DCFR

Professions : Dwelling Contractor

Location : Sheboygan, Wisconsin - 53081

Credential/License Type : Regular

Status : License is current (Active)

Eligible To Practice : Eligible

Credential Expiration Date : 2026-03-31

Granted Date : 2025-03-31

Multi-State : N

Orders : 0

Specialities :

Other Names : HS Builders LLC

Orders for 2403 - DCFR



No Orders Found

Relationships for 2403 - DCFR

Individual



Customer No.: 2115 Application Date: 03/31/2025 Approved [Signature] on _____
 Payment _____ Card _____
 Check/Card #: _____ Amount Pd: \$250.00 Bill #: _____ Printed: _____
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2025. The application/temporary License fee of \$ 50.00 has been paid to the Building Inspection Division as shown by receipt # _____. The license/certificate fee of \$ 200.00 is to be made upon application approval for each license/certificate.

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

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The undersigned hereby applies for a (select those that apply):

Annual: _____ Temporary: X

Temporary Job Location: 1510 S 12th St

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <u>X</u> _____	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 Derek Middle Initial T Last Name Fritsch
 Home Address 12980 Steinthal Rd. Cell #: (920) 905-3513
 City Kiel State WI Zip(+4) 53042-1247

2 Preferred Email greenhammerco@gmail.com

3 Name of Current Employer: Green Hammer Construction LLC

How long have you been employed: years: 6 months: 0 Number of employees: 2

Business Address 12980 Steinthal Rd. Work #: (920) 905-3513

City Kiel State WI Zip(+4) 53042-1247

4 State Credentials: Dwelling Contractor #: 6664 - DC FR Dwelling Qualifier: 612 - DCQ

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

For RH Design Build Address 1951 Bowen St. Oskosh, WI
 From Date 2012 To Date 2015, 54901

For Portside Builders Address 610 S Lansing Ave Sturgeon Bay,
 From Date 2015 To Date 2018 WI, 54235

For _____ Address _____

From Date _____ To Date _____

For _____ Address _____

From Date _____ To Date _____



6 State in detail type of construction work you have performed: All carpentry tasks framing to finish (framing, siding, windows, roofing, finish carpentry)

Type of construction work you expect to complete in the future: New construction and Remodeling

7 Have you attended a trade school? yes. If yes, give date, name and address of school(s) attended:
FVTC 2011-2012 3601 Oregon St. Oshkosh, WI 54902

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:

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- b) License/Certification applied for expires at end of current calendar year
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- d) It is my responsibility to submit timely a valid Certificate of Insurance (COI)

APPLICANT SIGNATURE
3/31/25
DATE

Signature Witnessed by: [Signature]
Print Witness Name: Paul Ferricks
Witness Address: 2508 Wilbur Ave

APPLICANT:

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BUILDING INSPECTION DIVISION

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Applicant Signature

3/31/25

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.)

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Signature: _____ Date: _____