



BOARD OF LICENSE EXAMINERS AGENDA

December 02, 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.](#) Review minutes of October 7, 2025 Board of License Examiners meeting.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

- [6.](#) Review and discuss qualifications and experience of Boyd Philippi Jr, #1506, applying for a Carpenter Contractor license.
- [7.](#) Review and discuss qualifications and experience of Jeffrey Hassinger, #2715, applying for a Carpenter Contractor license.
- [8.](#) Review and discuss qualifications and experience of Juan Carlos Castro, #50122, applying for a Carpenter and Moving/Razing Contractor license.

NEXT MEETING DATE

9. Next scheduled meeting: February 3, 2026 at 5:00 PM

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, October 07, 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, Craig Seider, Todd Thone, Dan Zelm

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

Others Present: Eusebio Garcia-Garcia

2. Call to Order

Chair Ald. Zach Rust 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 member introduced themselves to attendees and attendees introduced themselves to board members.

MINUTES

5. Review minutes of September 9, 2025 Board of License Examiners special meeting.

Reviewed minutes of **September 9, 2025**. Motion by Dan Zelm, seconded by Todd Thone to approve the minutes of **September 9, 2025**. Motion carried.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review exam results of Reese M. Mersberger, #905, applying for a General Contractor license and discuss granting and forwarding to Council.

Motion by Dan Zelm, seconded by Craig Seider to approve granting of General Contractor license and to send to council. Motion carried.

7. Review and discuss qualifications and experience of Eusebio Garcia-Garcia, #382, applying for a Carpenter Contractor license.

Motion by Craig Seider, seconded by Dan Zelm to approve carpenter license and send to council. Motion carried.

- 8. Discuss review of contractor applications and consistency in review to meet ordinance and qualifications required.

Pat and Gary presented ordinance qualifications and experience requirements for the different licenses. Board understands requirements and acknowledged their responsibilities. Item to be carried over for final approval to next meeting.

Motion by Dan Zelm, seconded by Craig Seider, to approve and enforce existing contractor licensing ordinance Section 12-III-1 as written. Motion carried.

NEXT MEETING DATE

- 9. Next scheduled meeting: December 2, 2025 at 5:00 P.M.

Motion by Craig Seider, seconded by Todd Thone to have next meeting on **December 2, 2025** at 5:00 p.m. Motion carried.

ADJOURN

- 10. Motion to Adjourn

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

*City Hall • Mead Public Library
Sheboygan County Administration Building • City's website*



T-2620

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

Item 6.

Customer No.: 1504 Application Date: 11/04/2025 Approved: [Signature] on: 11-6-28
 Payment: _____ Card: _____
 Check/Card #: Cash Amount Pd: \$350.00 Bill #: N/A Printed: N/A
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2026. The application/temporary License fee of \$25.00 has been paid to the Building Inspection Division as shown by receipt # 244550. The license/certificate fee of \$ N/A 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: X Temporary: _____

Temporary Job Location: 1414 N Taylor Dr

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:

- First Name Boyd Middle Initial J. Last Name PHILIPPI JR.
 Home Address 3116 WHITE TAIL RUN Cell #: (920) 860-9562
 City BRELLION State WI Zip(+4) 54110-9304
- Preferred Email boyd.philippi@gmail.com
- Name of Current Employer: PHILIPPI QUALITY CONSTRUCTION, INC.
 How long have you been employed: years: 10 months: _____ Number of employees: 8
 Business Address 4223 EXPO DRIVE / PO BOX 903 Work #: (920) 860-9562
 City MANITOWOC State WI Zip(+4) 54220-7303
- State Credentials: Dwelling Contractor #: _____ - DC Dwelling Qualifier: _____ - DCQ
- Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?
 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 type of construction work you have performed: ALL CONSTRUCTION

Type of construction work you expect to complete in the future: STEEL STUDS & PARTIAL DRYWALL & PAINTING

7 Have you attended a trade school? YES. If yes, give date, name and address of school(s) attended: LTC 1989

8 Did you serve an apprenticeship period? YES, If so, state with whom, and dates: WTS 1988-1992

9 Have you held a City Contractor related license/certification? YES If YES, list type and dates: 3015

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)

Boyd T. Miller
APPLICANT SIGNATURE
11-4-25
DATE

Signature Witnessed by: Linnae Wiers
Print Witness Name: Linnae Wiers
Witness Address: 828 Center Ave
Sheboygan, WI

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.**

Boyd J. Phizippi, Jr.
Applicant Signature

11-4-2025
Date of Signature

Boyd J. PHIZIPPI, JR.
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: _____



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.: _____ Application Date: 11/25/2025 Approved: _____ on: _____
Payment _____ Card _____
Check/Card #: _____ Amount Pd: _____ Bill #: _____ Printed: _____
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.

----- 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: X Temporary: _____

Temporary Job Location: _____

Table with columns: License, Board Meeting, Exam. Rows include General Contractor, Carpenter (checked), and Carpenter-Accessory.

Table with columns: Certificate. Rows include Moving/Razing, Concrete/Asphalt (checked), Steel Erecting, Roofing, Doors/Windows, Drywall, Cabinets/Countertops, Excavating, Masonry (checked), Tuckpointing, Siding, Insulation, Fences, and Waterproofing.

All of the following questions/blanks must be completed:

1 First Name Jeffrey Middle Initial _____ Last Name Hassinger
Home Address 11506 N. Creekside Ct Cell #: (414) 254-2707
City Mequon State WI Zip(+4) 53092 - 4379

2 Preferred Email jhassinger@jhassinger.com

3 Name of Current Employer: J.H. Hassinger, Inc.
How long have you been employed: years: 13 months: 6 Number of employees: 100
Business Address N60W16289 Kohler Lane Work #: () 262/252-4701
City Menomonee Falls State WI Zip(+4) 53051 - 5607

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 J.H. Hassinger Address 1160 W16289 Kohler Lane Menomonee Falls WI 53051
From Date April 2012 To Date November 2025



sheboyganwi.gov

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: I have performed concrete work, including structural, flatwork, and architectural, for offices, schools, mixed use, municipal, and infrastructure sectors.

Type of construction work you expect to complete in the future: I expect to manage projects across multiple industries that have concrete, masonry, and carpentry associated with them.

7 Have you attended a trade school? If yes, give date, name and address of school(s) attended: attended UW-Platteville for building construction management

8 Did you serve an apprenticeship period? no, If so, state with whom, and dates:

9 Have you held a state Contractor related license/certification? yes If YES, list type and dates: I hold a California, Nevada, New Mexico, and Virginia Contractor License

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)

APPLICANT SIGNATURE
10-31-25
DATE

Signature Witnessed by: Shelly Ritzow
Print Witness Name: Shelly Ritzow
Witness Address: 1160 W 16289 Kehler Lane
Menomonone Falls, WI 53051




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

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

10-31-25

Date of Signature

Jeffrey Hassinger

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.: 50122 Application Date: 04/09/2025 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: 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, 2025. The application fee of \$ 50 has been paid to the Building Inspection Division as shown by Receipt Number _____ 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) 917-9101
 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) 917-9101
 City Sheboygan State WI Zip(+4) 53081

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

For <u>eastbury concrete</u>	Address <u>110 S Business park DR</u>
From Date <u>2018</u> , <u>2021</u>	To Date <u>2021</u>
For <u>A. Chippa LLC</u>	Address <u>443 North main St</u>
From Date <u>2017</u>	To Date <u>2018</u>
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 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.

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
1-11-24
DATE

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

7-11-24

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: _____

LAKELAND CONSTRUCTION

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

This letter is regarding Juan Carlos Castro
I have had the pleasure of working with Juan from
around 2017 to 2019. In that time, he
has demonstrated competence in the construction
systems we used daily.

Juan 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.
Juan 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.

Juan 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

will add names to those involved.

Sincerely,

Item 8.

Grant Stammer, Senior Project Manager
Lakeland Construction, Inc.
6903 Arrow Drive
Manitowoc, WI 54220
(920) 851-7304
gescarth@gmail.com



Customer No.: _____ Application Date: 10-14-2025 Approved: _____ on: _____
 Payment _____ Card _____
 Check/Card #: _____ Amount Pd: _____ Bill #: _____ Printed: _____
 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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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 _____	YES	NO

Note: Temporary does not attend Board Meeting

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

All of the following questions/blanks must be completed:

1 First Name Juan Carlos Middle Initial _____ Last Name CASHO
 Home Address _____ Cell #: (920) 917-4101
 City Sheboygan State WI Zip(+4) 5381

2 Preferred Email _____

3 Name of Current Employer: Sheboygan Roofing
 How long have you been employed: years: 6 months: 3 Number of employees: _____
 Business Address 2112 59th St Work #: (920) 917-4101
 City Sheboygan State WI Zip(+4) 53081

4 State Credentials: Dwelling Contractor #: 102301298 - DC Dwelling Qualifier: 3330 - DCQ

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

For <u>oostburg concrete products</u>	Address <u>110 Business Park Dr oostburg</u>
From Date <u>09-15-2012</u>	To Date <u>10-30-2018</u>
For <u>freeland construction and demolition</u>	Address _____
From Date <u>2010 8-10-2010</u>	To Date <u>5-10-2014</u>
For <u>JUNK AWAY LLC just help</u>	Address _____
From Date <u>6-5-2020</u>	To Date <u>7-5-2022</u>
For _____	Address _____
From Date _____	To Date _____



6 State in detail type of construction work you have performed: CONSTRUCTIONS
Demolition, construction, roofing

Type of construction work you expect to complete in the future: CONCRETE
Demolition, All types of construction, Adding additions.

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? YES If YES, list type and dates:

Have you ever had a City contractor license/certification denied, refused, or revoked? _____
If YES, list date 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 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
10-14-25
DATE

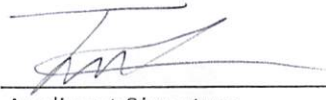
Signature Witnessed by: [Signature]
Print Witness Name: Linnæe Wenzel
Witness Address: _____

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

10-14-25


Date of Signature

Juan Carlos Castro

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: 10-14-25