



# **BOARD OF LICENSE EXAMINERS AGENDA**

**August 05, 2025 at 5:00 PM**

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

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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 June 3, 2025 Board of License Examiners meeting.

## **ITEMS FOR DISCUSSION AND POSSIBLE ACTION**

- [6.](#) Review and discuss qualifications and experience of Juan Carlos, #50122, applying for a Carpenter Contractor license.
- [7.](#) Review and discuss qualifications and experience of Jeff D Clark, #2743, applying for a Carpenter Contractor license.
- [8.](#) Review and discuss qualifications and experience of Reese M Mersberger, #905, applying for a General Contractor license.
- [9.](#) Review and discuss qualifications and experience of Robert A Taylor, #835, applying for a Carpenter Contractor license.
10. Discuss review of applications and consistency in application review.

## **NEXT MEETING DATE**

11. Next scheduled meeting: October 7, 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, June 03, 2025**

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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, Craig Seider

**Staff/Officials Present:** Director Planning & Development Taylor Zeinert, Building Inspector Mike Cupp (Acting Secretary), BI Licensing Specialist Gary Van Auken (Admin Support)

**Others Present:** Marcus Castrogiovanni, Juan Carlos, Miguel Silva

2. Call to Order

Ald. Zach Rust called the meeting to order at 4:55 P.M.

3. Pledge of Allegiance

Pledge of Allegiance recited by all present.

4. Introduction of Commission members and staff

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

**MINUTES**

5. Approve minutes of April 8, 2025 Board of License Examiners meeting.

Reviewed minutes of April 8, 2025. Motion by Dan Zelm, seconded by Todd Thone to approve the minutes of April 8, 2025. Motion carried.

**ITEMS FOR DISCUSSION AND POSSIBLE ACTION**

6. Review and discuss qualifications and experience of Marcus R. Castrogiovanni, #2982, applying for a Carpenter Contractor license.

Motion by Dan Zelm, seconded by Todd Thone to approve Carpenter license. Motion carried.

7. Review and discuss qualifications and experience of Juan Carlos, #50122, applying for a Carpenter Contractor license.

Motion by Dan Zelm, seconded by Todd Thone to hold application to August meeting to allow application to supply additional carpenter related experience. Motion carried.

Item 5.

#### **NEXT MEETING DATE**

8. Next scheduled meeting: August 5, 2025 at 5:00 P.M.

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

#### **ADJOURN**

9. Motion to Adjourn

Motion by Todd Thone, seconded by Dan Zelm to adjourn at 5:14 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.: 50122 Application Date: 04/09/2025 Approved: [Signature] on: 4/9/25

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 Iwan Middle Initial \_\_\_\_\_ Last Name Carlos  
Home Address 2112 S 9th St Cell #: (920) 917-4101  
City Sheboygan State WI Zip(+4) 53081-6022

2 Email carloslozanoroofing2016@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) 917-4101

City Sheboygan State WI Zip(+4) 53081

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

3 yrs For Oastbury concrete Address 110 S business park DR  
From Date 2018 , 2021 To Date 2021  
2 yrs For A. Chappa LLC Address 443 North main St  
From Date 2017 , \_\_\_\_\_ To Date 2018  
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



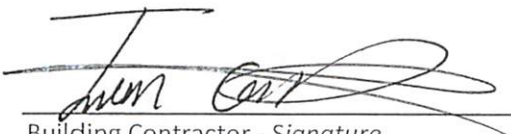
July 20, 2023

**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

1-11-24  
\_\_\_\_\_  
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: \_\_\_\_\_



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 benefit to those involved.

Sincerely,

Item 6.

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

Customer No.: 2743 Application Date: 06/27/2025 Approved: \_\_\_\_\_ on: \_\_\_\_\_  
 Payment \_\_\_\_\_ Card \_\_\_\_\_  
 Check/ Card #: 1014 Amount Pd: 850 + 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 # 239064. 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: X Temporary: \_\_\_\_\_

Temporary Job Location: \_\_\_\_\_

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 Jeffrey Middle Initial D Last Name Clark  
 Home Address 235 S. LAKE CT Cell #: (920) 395-4905  
 City Sheboygan State WI Zip(+4) 53081

2 Preferred Email DOERSOFWI@gmail.com

3 Name of Current Employer: SPECIATE LLC / THE DOERS / Clark Construction + Remodeling

How long have you been employed: years: 26 months: \_\_\_\_\_ Number of employees: 1

Business Address 235 S. LAKE CT. Work #: (920) 853-7385

City Sheboygan State WI Zip(+4) 53081

4 State Credentials: Dwelling Contractor #: 1338 - DC Dwelling Qualifier: 1533 - DCQ

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

For MIKE LISTER Construction Address 633 Amherst Oshkosh, WI

From Date May, 1985 To Date August, 1989

For SPECIATE LLC / CMOR Address 235 S. LAKE CT. Sheboygan, WI

From Date August, 1989 To Date June, 2025

For Scott Thiel Builders Address 709 Birch Tree Rd, Sheboygan, WI

From Date March/December, 2003 To Date January, 2025

For \_\_\_\_\_ Address \_\_\_\_\_

From Date \_\_\_\_\_ To Date \_\_\_\_\_

6 State in detail type of construction work you have performed:

Build houses, remodeling, roofing,  
drains/water drains, siding, demolition, framing, finish, cabinets, counters,  
benches, decks, stairs, installation, etc  
Type of construction work you expect to complete in the future: same

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

Marquette Tech, Fond du Lac, 1982-1984

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)

APPLICANT SIGNATURE

DATE

Signature Witnessed by:

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

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 SpecWare LLC / The Doors / Chad Cassentini Remodeling have/had 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.: 905 Application Date: 06/30/2025 Approved: \_\_\_\_\_ on: \_\_\_\_\_  
Payment \_\_\_\_\_ Card \_\_\_\_\_  
Check/Card #: \_\_\_\_\_ Amount Pd: \$375.00 Bill #: \_\_\_\_\_ Printed: \_\_\_\_\_  
In the city of Sheboygan, Wisconsin, for the year ending December 31, 20 26. The application/~~temporary~~ license fee of  
\$ 75.00 has been paid to the Building Inspection Division as shown by receipt # \_\_\_\_\_. The license/certificate  
fee of \$ 300.00 is to be made upon application approval for each license/certificate.

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

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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 <input checked="" type="checkbox"/>	YES	YES
Carpenter, _____	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 Reese Middle Initial M Last Name Mersberger  
Home Address 3029 Erik Ln Cell #: ( ) 920-572-3551  
City Sheboygan State WI Zip(+4) 53083-2514

2 Preferred Email rmersberger@lindorff.com

3 Name of Current Employer: JH Findorff & Son, Inc.  
How long have you been employed: years: 10 months: 6 Number of employees: 1200  
Business Address 300 S Bedford St Work #: ( ) 608-257-5321  
City Madison State WI Zip(+4) 53703-3622

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 <u>Michels Corporation</u>	Address <u>817 W Main St. Brownsville, WI</u>
From Date <u>2012</u>	To Date <u>2015</u>
For <u>JH Findorff &amp; Son, Inc.</u>	Address <u>300 S Bedford St. Madison, WI</u>
From Date <u>2015</u>	To Date <u>Present</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 type of construction work you have performed: Commercial general contracting

Type of construction work you expect to complete in the future: Commercial general contracting

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)

APPLICANT SIGNATURE

6/27/25

DATE

Signature Witnessed by:

Print Witness Name: Mike Gibson

Witness Address: 2299 Shoshoni St.


Grafton, WI 53024

**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

  
\_\_\_\_\_  
Date of Signature

Reese Mersberger  
\_\_\_\_\_  
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: \_\_\_\_\_

Customer No.: 835 Application Date: 07/24/2025 Approved: \_\_\_\_\_ on: \_\_\_\_\_  
Payment \_\_\_\_\_ Card \_\_\_\_\_  
Check/Card #: 7914 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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Temporary Job Location: \_\_\_\_\_

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <u>X</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 _____
Roofing _____	Siding _____
Doors/Windows _____	Insulation _____
Drywall _____	Fences _____
Cabinets/Countertops _____	Waterproofing _____

All of the following questions/blanks must be completed:

- First Name Robert Middle Initial A Last Name Taylor  
Home Address 5248 County Rd B Cell #: (262) 483-4449  
City Belgium State WI Zip(+4) 53004-9605
- Preferred Email roberttaylor53074@outlook.com
- Name of Current Employer: Kelmann Restoration - Head Carpenter  
How long have you been employed: years: 2 months: 6 Number of employees: \_\_\_\_\_  
Business Address 4307 S. Taylor Dr. Work #: (920) 689-6688  
City Sheboygan State WI Zip(+4) 53081-8485
- State Credentials: Dwelling Contractor #: 2936-DCFR - DC Dwelling Qualifier: 012400044 - DCQ
- Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?  
For OZZY Hetzel Construction Address \_\_\_\_\_  
From Date 1989-1991 To Date \_\_\_\_\_  
For Phoenix Investors + Construction Address \_\_\_\_\_  
From Date 2011-2014 To Date \_\_\_\_\_  
For APH Heating Service Inc. Address \_\_\_\_\_  
From Date 2014-2022 To Date \_\_\_\_\_  
For Ricktech Construction LLC Address \_\_\_\_\_  
From Date 2015-2018 To Date \_\_\_\_\_



6 State in detail type of construction work you have performed: New Home, Remodeling - residential & Commercial, Structural, Framing, Drywall, insulation, HVAC, Minor plumbing & electrical

Type of construction work you expect to complete in the future: Decks, Doors, windows

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: Milwaukee Co.

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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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.

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- 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

July 05 2025  
\_\_\_\_\_  
DATE

Signature Witnessed by: Melissa Groetsch

Print Witness Name: Melissa Groetsch

Witness Address: 5248 County Rd. B  
Belgium, WI 53004

**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


July 05 2025

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 Touch of Class Remodeling and Property Maintenance 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: July 05 2025