



# BOARD OF LICENSE EXAMINERS AGENDA

**October 08, 2024 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. Approve minutes of September 10, 2024.

## ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review and discuss additional qualifications and experience of Jose A Juarez Jimenez, #55482, applying for a Carpenter license.

Mr. Juarez Jimenez meet with Secretary Pat Eirich and requested withdrawal of his application.

7. Review and discuss qualifications and experience of Shane M. Sitzman, #5614, applying for a Carpenter Accessory license.
8. Discuss board membership and recommendations for members.

## NEXT MEETING DATE

9. Next scheduled meeting: December 3, 2024 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, September 10, 2024**

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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, Todd Thone, Dan Zelm, Craig Seider

**Staff/Officials Present:** BI Licensing Specialist Gary Van Auken (acting Secretary)

**Others Present:** Jeffrey Grunewald

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 applicants. Applicants introduced themselves to board members.

#### **MINUTES**

5. Approve minutes of June 6, 2024 meeting.

Reviewed minutes of June 6, 4 2024. Motion by Dan Zelm, seconded by Todd Thone to approve the minutes of June 6, 2024.

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

6. Review and discuss qualifications and experience of Jeffrey R. Grunewald, #3241, applying for a Carpenter license.

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

7. Review and discuss additional qualifications and experience of Jose A Juarez Jimenez, #55482, applying for a Carpenter license.

Motion by Todd Thone, seconded by Dan Zelm to hold application until next meeting as Mr. Jimenez not present to discuss additional information and reference letters submitted. Motion carried.

Item 5.

**NEXT MEETING DATE**

8. Next scheduled meeting: October 1, 2024 at 5:00 P.M.

Motion by Todd Thone, seconded by Dan Zelm to have next meeting on **October 1, 2024** at 5:00 P.M.

**ADJOURN**

9. Motion to Adjourn

Motion by Craig Seider, seconded by Dan Zelm to adjourn at 5:08 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.: 55482 Application Date: 05/06/2024 Approved: \_\_\_\_\_ on: \_\_\_\_\_  
 Check/Card #: \_\_\_\_\_ Amount Pd: \_\_\_\_\_ Bill #: \_\_\_\_\_ <sup>Cancel</sup> Date: \_\_\_\_\_  
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2024. The Application or Temporary License fee of \$ 50.00 has been paid to the Building Inspection Division as shown by Receipt Number 215016. License/Certificate Fee of \$ 200.00 is to be made upon application approval for 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 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 Jose Middle Initial A Last Name Juarez Jimenez  
 Home Address 1317 S 8th street Cell #: (920) 627-15-54  
 City Sheboygan State WI Zip(+4) 53081-5325
- 2 Email josejuarezjimenez123@gmail.com
- 3 State Credentials: Dwelling Contractor #: DC Dwelling Qualifier: DCQ
- 4 Name of Current Employer: AJ Construction  
 How long have you been employed: 4 years 5 months. Number of employees: 0  
 Work Address 1317 S 8th street Work #: (920) 627 15-54  
 City Sheboygan State WI Zip(+4) 53081
- 5 Work Experience: For whom were you employed? (Do not list contract work). How did you gain your construction experience?  

For <u>Alpine Insulations</u>	Address <u>1941 Ashland Ave, Sheboygan</u>
From Date <u>2017</u>	To Date <u>2020</u>
For <u>The house Doctor</u>	Address <u>2034 W Foresthome, Milwaukee</u>
From Date _____, <u>2013</u>	To Date _____, <u>2017</u>
For _____	Address _____
From Date _____	To Date _____
For _____	Address _____
From Date _____	To Date _____



6 State in detail the type of construction work you have performed: Insulation, Framing, Drywall  
Flooring, siding, doors, windows, roofing

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? 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)

Rose A. Suarez J.  
APPLICANT SIGNATURE  
5/6/24  
DATE

Signature Witnessed by: Martha Reyes  
Print Witness Name: Martha Reyes  
Witness Address: 1317 S 8th St  
Sheboygan, WI 53081

**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 attached 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 A J Construction 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: Rose A. Alvarez

Date: 5/6/24





Customer No.: 5614 Application Date: 09/10/2024 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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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

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General Contractor _____	YES	YES
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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 Shane Middle Initial M Last Name Sitzman  
 Home Address 21078 Fish & Game Rd Cell #: (920) 860 5232  
 City Kiel State WI Zip(+4) 53042-2925

2 Preferred Email Shane@house2homerr.com

3 Name of Current Employer: House 2 Home PR (Self)  
 How long have you been employed: years: 4 months: 0 Number of employees: 2  
 Business Address 21078 Fish & Game Rd Work #: (920) 860 5232  
 City Kiel State WI Zip(+4) 53042-2925

4 State Credentials: Dwelling Contractor #: 112301436 - DC Dwelling Qualifier: DCQ 112101261 - DCQ

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

For <u>NA</u>	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: See Attachment 1

Type of construction work you expect to complete in the future: \_\_\_\_\_

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: Roofing  
Nov 2023 - Present

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.

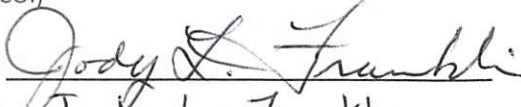
11 If you are granted a license/certification, will you comply with the Ordinance and its amendments, and with the orders of the Inspector? Yes.

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.

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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  
9/10/2024  
DATE

Signature Witnessed by:   
Print Witness Name: Jody L. Franklin  
Witness Address: 24228 Fish & Game Rd  
Kiel, WI 53042



**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.**

Shane M. Sitman  
Applicant Signature

10/9/2024  
Date of Signature

Shane M Sitman  
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 House 2 Home rr 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: Shane M Sitman Date: 9/10/2024