



# BOARD OF LICENSE EXAMINERS AGENDA

June 02, 2026 at 5:00 PM

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

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

Persons with disabilities who need accommodations to attend this meeting should contact the Building Inspection office, (920) 459-3477. Persons other than commission, committee, and board members who wish to participate remotely shall provide notice to the Building Inspection office at 920-459-3477 at least 24 hours before the meeting so that the person may be provided a remote link for that purpose. All Committee members may attend the meeting remotely.

## OPENING OF MEETING

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

## MINUTES

5. Review minutes of April 7, 2026 Board of License Examiners meeting.

## ITEMS FOR DISCUSSION AND POSSIBLE ACTION

6. Review and discuss qualifications and experience of Timothy Hephner, #0000, applying for a General Contractor license.
7. Review and discuss qualifications and experience of Joel Nyhof, #2093, applying for a Carpenter Contractor license.
8. Review and discuss qualifications and experience of Travis Kissel, #6969, applying for a Carpenter Contractor license.

## NEXT MEETING DATE

9. Next scheduled meeting: August 04, 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



# BOARD OF LICENSE EXAMINERS AGENDA

April 07, 2026 at 5:00 PM

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

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

Persons with disabilities who need accommodations to attend this meeting should contact the Building Inspection office, (920) 459-3477. Persons other than commission, committee, and board members who wish to participate remotely shall provide notice to the Building Inspection office at 920-459-3477 at least 24 hours before the meeting so that the person may be provided a remote link for that purpose. All Committee members may attend the meeting remotely.

## OPENING OF MEETING

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

## MINUTES

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

## ITEMS FOR DISCUSSION AND POSSIBLE ACTION

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

## NEXT MEETING DATE

9. Next scheduled meeting: June 1, 2026 at 5:00 P.M.

## ADJOURN

10. Motion to Adjourn

**In compliance with Wisconsin's Open Meetings Law, this agenda was posted in the following locations more than 24 hours prior to the time of the meeting:**

*Item 5.*

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



Customer No.: \_\_\_\_\_ Application Date: 04/21/2026 Approved: \_\_\_\_\_ on: \_\_\_\_\_  
 Payment \_\_\_\_\_ Card \_\_\_\_\_  
 Check/Card #: \_\_\_\_\_ Amount Pd: \_\_\_\_\_ Bill #: \_\_\_\_\_ Printed: \_\_\_\_\_  
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2026. The application/temporary License fee of \$ 75 has been paid to the Building Inspection Division as shown by receipt # \_\_\_\_\_. The license/certificate fee of \$ 300 is to be made upon application approval for each license/certificate.

**DO NOT COMPLETE BLANKS ABOVE THIS LINE**

*Please type or print neatly and legibly in black or dark blue ink - pencil not acceptable. Incomplete applications will be rejected.*

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

All license applications requiring Board of License Examiners approval must be submitted by Wednesday prior to the scheduled meeting.

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

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

License		
	Board Meeting	Exam
General Contractor <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 Timothy Middle Initial M Last Name Hephner  
 Home Address N4259 Sandstone Drive Cell #: ( ) 920-374-2042  
 City Chilton State WI Zip(+4) 53014 - \_\_\_\_\_

2 Preferred Email thephner@hamann.com

3 Name of Current Employer: Hamann Construction Company  
 How long have you been employed: years: 39 months: 8 Number of employees: 45  
 Business Address 4613 Custer Street Work #: ( ) 920-682-8282  
 City Manitowoc State WI Zip(+4) 54221-0245

4 State Credentials: Dwelling Contractor #: 080600185 - 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>Hamann Construction Company</u>	Address <u>4613 Custer Street, Manitowoc, WI 54221</u>
From Date <u>August 16, 1986</u> ,	To Date <u>Current</u> ,
For _____	Address _____
From Date _____ ,	To Date _____ ,
For _____	Address _____
From Date _____ ,	To Date _____ ,
For _____	Address _____
From Date _____ ,	To Date _____ ,



828 Center Avenue, Suite 208  
Sheboygan, WI 53081-4442  
Phone: (920) 459-3477  
Fax: (920) 459-0210

[buildinginspection@sheboyganwi.gov](mailto:buildinginspection@sheboyganwi.gov)

6 State in detail type of construction work you have performed: Commercial and industrial construction. Full general contracting, design-build, remodeling and pre-engineered metal buildings.

Type of construction work you expect to complete in the future: Continue with commercial and industrial work.

7 Have you attended a trade school? yes. If yes, give date, name and address of school(s) attended:  
1985-1986 - Fox Valley Technical College  
150 N. Campbell Road, Oshkosh WI 54902

8 Did you serve an apprenticeship period? yes, If so, state with whom, and dates:  
Carpenter Apprenticeship, LTC Cleveland WI 1988-1991

9 Have you held a City Contractor related license/certification? ~~Yes~~ No If YES, list type and dates: Current 12/26  
General Contractor - License No: C202 - Stephen Hamann

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  
04/21/26  
DATE

Signature Witnessed by:   
Print Witness Name: Connie J. Loose  
Witness Address: 4613 Custer Street  
Manitowoc, WI 54220



828 Center Avenue, Suite 208  
Sheboygan, WI 53081-4442  
Phone: (920) 459-3477  
Fax: (920) 459-0210

[buildinginspection@sheboyganwi.gov](mailto: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

Date of Signature

**Timothy M. Hephner**

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: \_\_\_\_\_

828 Center Avenue, Suite 200  
 Sheboygan, WI 53081-4442  
 Phone: (920) 459-3477  
 Fax: (920) 459-0210  
 buildinginspection@sheboyganwi.gov



Customer No.: 2093 Application Date: 5/11/26 Approved: SLC on: \_\_\_\_\_  
 Payment \_\_\_\_\_ Card \_\_\_\_\_  
 Check/Card #: \_\_\_\_\_ Amount Pd: \_\_\_\_\_ Bill #: \_\_\_\_\_ Printed: \_\_\_\_\_  
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2026. The application/temporary License fee of \$ 50 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:  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 Joel Middle Initial A Last Name Nyhof  
 Home Address N2259 Pelishek Road Cell #: ( ) 920-377-0579  
 City Adell State Wi Zip(+4) 53001 - \_\_\_\_\_

2 Preferred Email joel@nyhofonline.com

3 Name of Current Employer: Nyhof Custom Gutter and Aluminum, Inc  
 How long have you been employed: years: 24 months: \_\_\_\_\_ Number of employees: 30  
 Business Address 1135 Superior Ave Work #: ( ) 920-564-2525  
 City Oostburg State Wi Zip(+4) 53070 - \_\_\_\_\_

4 State Credentials: Dwelling Contractor #: 049500021 - DC Dwelling Qualifier: 102101102 - DCQ

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

For <u>Nyhof Custom Gutter and Aluminum, Inc</u>	Address <u>1135 Superior Ave, Oostburg Wi 53070</u>
From Date <u>June 3</u> , 2002	To Date <u>present</u>
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: Installation of Gutters, Windows, and Siding. This work entails changing rotten fascia boards, re-framing window openings including header work, and building or reconstructing decks.

Type of construction work you expect to complete in the future: Same type as the last 54 years. This does involve minor Structural work.

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)

Joel Nyhof

Digitally signed by Joel Nyhof  
Date: 2026.05.11 12:52:23 -05'00'

**APPLICANT SIGNATURE**

5/11/2026

DATE

Signature Witnessed by: Austin Wiegand

Print Witness Name: Austin Wiegand

Witness Address: 1135 Superior Ave

Deshburg WI 53070

**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.**

**Joel Nyhof**

*Applicant Signature*

Digitally signed by Joel Nyhof  
Date: 2026.05.11 12:54:48 -05'00'

**Joel Nyhof**

*Date of Signature*

Digitally signed by Joel  
Nyhof  
Date: 2026.05.11 12:55:27  
-05'00'

**Joel Nyhof**

*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.: <u>0909</u>	Application Date: <u>5/27/26</u>	Approved: _____	on: _____
Payment			Card
Check/Card #: _____	Amount Pd: _____	Bill #: _____	Printed: _____

In the city of Sheboygan, Wisconsin, for the year ending December 31, 2026. The application/temporary License fee of \$ 50 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 _____	Masonry _____	
Steel Erecting _____	Tuckpointing _____	
Roofing _____	Siding <input checked="" type="checkbox"/> _____	
Doors/Windows <input checked="" type="checkbox"/> _____	Insulation _____	
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 Travis Middle Initial J Last Name Kissel  
 Home Address 327 Riverview Lane Cell #: ( ) (920)918-0792  
 City Sheboygan State WI Zip(+4) 53081-8244
- 2 Preferred Email KisselconstructionLLC@gmail.com
- 3 Name of Current Employer: Kissel Construction LLC  
 How long have you been employed: years: 0 months: 9 Number of employees: 2  
 Business Address 327 Riverview Lane Work #: ( ) (920)918-0792  
 City Sheboygan State WI Zip(+4) 53081-8244
- 4 State Credentials: Dwelling Contractor #: \_\_\_\_\_ - DC Dwelling Qualifier: 4510 - DCQ
- 5 Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?

For <u>Steve Kissel Construction</u> Address <u>4410 Wilson Lima Rd, Oostburg WI 53070</u>
From Date <u>June, 2003</u> , To Date <u>December 31, 2025</u> ,
For _____ Address _____
From Date _____ , To Date _____ ,
For _____ Address _____
From Date _____ , To Date _____ ,
For _____ Address _____
From Date _____ , To Date _____ ,

From Date: \_\_\_\_\_  
 For: \_\_\_\_\_  
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 For: \_\_\_\_\_

To Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 To Date: \_\_\_\_\_  
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 Address: \_\_\_\_\_  
 To Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 To Date: \_\_\_\_\_  
 Address: \_\_\_\_\_

2. Work Experience (do not list contract work): For Michigan, list all work experience, how long you were employed, contract/non-contract experience.

3. State Contractors: (Michigan Contractors):  
 O.A. \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Michigan License No.: \_\_\_\_\_  
 State License No.: \_\_\_\_\_

4. Number of Licensed Employees: \_\_\_\_\_  
 Number of employees: \_\_\_\_\_  
 State Contractors: \_\_\_\_\_  
 State Contractors: \_\_\_\_\_

5. State Contractors: (Michigan Contractors):  
 O.A. \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Michigan License No.: \_\_\_\_\_  
 State License No.: \_\_\_\_\_

All of the following specialties are to be completed:

Contractor-Associate	YES	NO
Contractor	X	NO
General Contractor	YES	NO
Specialty Contractor	YES	NO

Contractor-Associate	YES	NO
Contractor	X	NO
General Contractor	YES	NO
Specialty Contractor	YES	NO

The undersigned hereby certifies that the information furnished herein is true and correct.

All license applications requiring board of license examiners are approved by the board of examiners to the accredited meeting.

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

I, \_\_\_\_\_, of the County of \_\_\_\_\_, State of \_\_\_\_\_, do hereby certify that the information furnished herein is true and correct.

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_

6 State in detail type of construction work you have performed: New construction, decks, additions, remodeling, window installation, roofing, fence installation, siding.

Type of construction work you expect to complete in the future: New construction, decks, additions, remodeling, window installation, fence installation, siding.

7 Have you attended a trade school? No. If yes, give date, name and address of school(s) attended:  
N/A

8 Did you serve an apprenticeship period? No, If so, state with whom, and dates:  
N/A

9 Have you held a City Contractor related license/certification? No If YES, list type and dates: N/A

Have you ever had a City contractor license/certification denied, refused, or revoked? No  
If YES, list date and reason: N/A

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**

5/20/26

DATE

Signature Witnessed by: 

Print Witness Name: Macie L Kissel

Witness Address: 327 Riverview Lane

Sheboygan, WI 53081

DATE

City of Detroit, MI 48201

2/10/20

357 RiverView Lane

ANN ARBOR, MI 48106

Michael J. Kissel

Signature of Licensee

- a) it is my responsibility to sponsor and pay a valid certificate of insurance (COI)
- b) it is my responsibility to renew the COI prior to expiration and ensure it is not needed
- c) I possess a license or approval for all work at end of contract, including, but not limited to:
- d) receipt of City Ordinance Chapter 15-11-3 - Code Article

I am attaching the following documents:

Application for permit or revocation of a license/contract

copy of insurance policy and certificate of insurance (COI) and certificate of liability insurance (COI) for the project

copy of the license/contract and the City of Detroit's Ordinance Chapter 15-11-3 - Code Article

of the insurance policy

If you are granted a license/contract, will you comply with the Ordinance and its amendments, and with the code's

definition of and any other work required by the City Ordinance?

Yes

Have you read the Ordinance and all amendments to it which were passed by the Common Council of the City of

ANN ARBOR, MI

Have you ever had a City contractor license/contract denied, refused, or revoked?

ANN ARBOR, MI

ANN ARBOR, MI

Do you agree to accept responsibility for the work you are performing?

ANN ARBOR, MI

Have you attended a code school or training in the past 12 months?

Window installation, fence installation, siding

type of construction work you expect to complete in the next 12 months: New construction, decks, additions, remodeling

roofing, fence installation, siding

state in detail the type of construction work you have been performing in the past 12 months: Window installation, new construction, decks, additions, remodeling



**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

**Travis J Kissel**

\_\_\_\_\_  
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:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The public employees are provided a certificate of insurance covering a policy of workers' compensation which is provided. Please be advised that \_\_\_\_\_ provides no employees at this time. If in \_\_\_\_\_

**WORKERS COMPENSATION BENEFITS ARE (CORPORATIONS ARE NOT ELIGIBLE FOR THIS OPTION) FOR SOLE PROPRIETORS, PARTNERSHIPS, OR FIRMS WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW TO WAIVE**

Applicant (please print name)

Travis J. Kessler

Applicant signature

Date of signature

license/correction application and will be kept on file.

After you read the "Required Building Inspection" pamphlet, please sign below. **This sheet must accompany you.**

**BUILDING INSPECTION DIVISION**

required (and if the fees are paid to recover, please do not execute the sheet.

requested of an inspector, a penalty inspection fee of \$100 will be assessed. The inspection at your own expense is still

read the "Required Building Inspection" pamphlet carefully and adhere to the requirements. If a required inspection is not

It is important to emphasize the process and procedure as provided for in city and state codes for required inspections. Please

**APPLICANT:**