



***** CANCELLED *** BOARD OF LICENSE EXAMINERS AGENDA**

February 06, 2024 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 Board members and staff

MINUTES

- [5.](#) Approve minutes of January 16, 2024 meeting.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

- [6.](#) Review and discuss qualifications and experience of Juan C Carlos, #50122, applying for a Carpenter license held over from the January 16th meeting to supply additional experience.
- [7.](#) Review and discuss qualifications and experience of Jeff M Selk, #41171, applying for a Carpenter license.
8. Additional Applications received after Agenda published:

NEXT MEETING DATE

9. Next scheduled meeting: **April 2, 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, January 16, 2024

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

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

Others Present: Matthew Pomerence (by phone), Oswaldo Rosales, Juan Castro

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 December 5, 2023 meeting.

Reviewed minutes of December 5, 2023. Motion by Todd Thone, seconded by Craig Seider to approve the minutes of December 5, 2023.

6. Approve minutes of January 9, 2024 meeting.

Reviewed minutes of January 9, 2024. Motion by Todd Thone, seconded by Craig Seider to approve the minutes of January 9, 2024.

ITEMS FOR DISCUSSION AND POSSIBLE ACTION

7. Review and discuss qualifications and experience of Matthew Pomerence, applying for a Carpenter license.

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

8. Review and discuss qualifications and experience of Oswaldo Rosales, #3774, applying for a Carpenter license held over from the December meeting to supply additional experience.

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

9. Additional Applications received after Agenda published:

Review and discuss qualifications and experience of Juan Carlos Castro, contractor #50122, applying for a carpenter license.

Motion by Ald. Zach Rust, seconded by Todd Thone to hold until next meeting for review of additional work experience. Motion carried.

NEXT MEETING DATE

10. Next scheduled meeting: **February 6, 2024** at 5:00 P.M.

Motion by Ald. Zach Rust, seconded by Todd Thone to have next meeting on **February 6, 2024** at **5:00** P.M. Motion carried.

ADJOURN

11. Motion to Adjourn

Motion by Todd Thone, seconded by Craig Seider to adjourn at 5:22 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: 01/11/2024 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			Certificate	
	Board Meeting	Exam	Moving/Razing	Excavating
General Contractor	YES	YES	Concrete/Asphalt	Masonry
Carpenter <u>X</u>	YES	NO	Steel Erecting	Tuckpointing
Carpenter-Accessory	YES	NO	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, 2024. The application fee of \$ 50 has been paid to the Building Inspection Division as shown by Receipt Number 203458. 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) 917-4101
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) 917-4101

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 To Date 2021
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 _____

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

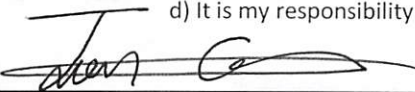
10 Have you read the Ordinance and all amendments to date which were passed by the Common Council of the City of Sheboygan, Wisconsin, pertaining to the License/Certification you are applying for? yes. Are you familiar with the definition of, and can perform the work required under the Municipal Code? 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



APPLICANT SIGNATURE

1-11-24

DATE

Witnessed by:

Print Name:

Address:

Miguel Silva
Miguel Silva
2124 N 9th
St

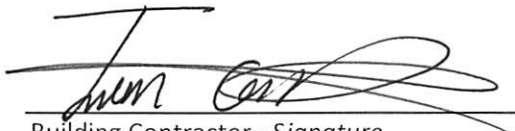
July 20, 2023

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: _____



828 Center Avenue, Suite 208

Sheboygan, WI 53081-4442

Phone: (920) 459-3477

Fax: (920) 459-0210

buildinginspection@sheboyganwi.gov

Customer No.: 4471Application Date: 01/30/2024

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.*

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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, 20____. The application fee of \$ _____ has been paid to the Building Inspection Division as shown by Receipt Number _____. License/Certificate Fee of \$ _____ is to be made upon application approval for License/Certificate.

All of the following questions/blanks must be completed:

1 First Name Jeff Middle Initial M Last Name Selk
Home Address 3187 Woodridge Court Cell #: () 920-912-0518
City Sheboygan Falls State WI Zip(+4) 53085 - 2944

2 Email jeff@fallsglass.com

3 State Credentials: Dwelling Contractor: In Progress Dwelling Qualifier: _____

4 Current Employer: Falls Glass Service, Inc.

How long have you been employed: 23 years _____ months. Number of employees: 17

Work Address 433 Monroe Street PO Box 123 Work #: () 920-467-3192

City Sheboygan Falls State WI Zip(+4) 53085 - 0123

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

For <u>Falls Glass Service, Inc.</u>	Address <u>Same as above</u>
From Date <u>June 2001</u>	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 the type of construction work you have been doing: Installation of Windows, Doors, Fireplaces, Shower Doors, General Repairs

and the type of construction work you expect to do in the future: Same as above

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:

City of Sheboygan Certification for Doors/Windows Since 2017

Have you ever had a City construction related license/certification denied, refused, or revoked?

No

If YES, list date, place 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 Municipal Code? Yes.

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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
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- d) It is my responsibility to submit timely a valid Certificate of Insurance

Jeff Selk

Digitally signed by Jeff Selk
Date: 2024.01.30 13:48:50 -06'00'

APPLICANT SIGNATURE

01/30/2024

DATE

Witnessed by: Michelle Christenson

Print Name: Michelle Christenson

Address: 433 Monroe Street

Sheboygan Falls, WI 53085

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.**

Jeff Selk

Digitally signed by Jeff Selk
Date: 2024.01.30 13:50:22 -06'00'

Building Contractor - *Signature*

01/30/2024

Date

Jeff Selk

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: _____