

Customer No.: 4225

Application Date: 07/26/2023

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: ☒ Temporary: \_\_\_\_\_

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

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <input checked="" type="checkbox"/>	YES	NO
Carpenter-Accessory _____	YES	NO

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

(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 Department 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:

- First Name Charern Middle Initial \_\_\_\_\_ Last Name Lee  
Home Address 5058 W 60th ST Cell #: (920) 819-9721  
City Milwaukee State WI Zip(+4) 53218 - 4101
- Email info@skylineconstructionwi.com
- State Credentials: Dwelling Contractor: 062300770 Dwelling Qualifier: 122201367
- Current Employer Skyline Construction WI  
How long have you been employed: 0 years 2 months. Number of employees: 0  
Work Address 5058 W 60th ST Work #: (920) 819-9721  
City Milwaukee State WI Zip(+4) 53218 - 4101
- Work Experience: For whom have you worked? How did you gain your contracting experience?  
For Skyline Property Ventures Address 12420 W Hampton Ave #10  
From Date May, 2017 To Date May, 2023 Butler, WI 53007-5001  
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 work you have been doing: House remodels including roofing, siding, painting, fencing, Kitchen, bath, flooring, framing, doors, drywalling and windows.  
and the type of work you expect to do in the future: Roofing, siding, framing, doors and 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? Yes. If so, state with whom, and dates:  
Skyline Property Ventures. Apprentice from May 2017 to May 2021 and journeyman from May 2021 to May 2023.

9 Have you ever held a Construction related license? Yes If YES, list type, date and jurisdiction. The ones I currently hold in Wisconsin DC:062300770 DQ:122201367

Have you ever had a construction related license 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.

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.

Ches

APPLICANT SIGNATURE

7/24/2023

DATE

Witnessed by:

Print Name: Janet Madden

Address: 5058 N. 60th St  
Milwaukee, WI 53218

Applicant acknowledges:

- a) Receipt of City Ordinance Chapter 26 Division 3 - Contractors
- b) License expires at end of calendar year
- c) It is my responsibility to renew license prior to expiration.
- d) It is my responsibility to submit timely Certificate of Insurance to keep file current



October 26, 2001

**TO ALL BUILDING CONTRACTORS:**

To better utilize available hours of Building Inspection Department personnel, it is important to reemphasize 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 annual license renewal and will be kept on file.**



Building Contractor - Signature

7/24/2023

Date


Charern Lee

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 Charern Lee has/have 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:

7/24/2023