

Customer No.: 4293

Application Date: 09/06/2023

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 _____	Siding _____
Doors/Windows _____	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 Samuel Middle Initial E Last Name Payne
Home Address 1602 Ohio Ave Cell #: (920) 226-2916
City Sheboygan State WI Zip(+4) 53081-6619
- Email SamPayne0219@gmail.com
- State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____
- Current Employer Self KDA Technologies LLC / DBA Payne Construction
How long have you been employed: 7 years 9 months. Number of employees: 1
Work Address 1602 Ohio Ave Work #: (920) 226 2916
City Sheboygan State WI Zip(+4) 53081
- Work Experience: For whom have you worked? How did you gain your contracting experience?
For Elite (Self) dissolved Address 2525 S. Business Dr.
From Date 2003 - 2015 To Date 2015
For KDA Technologies / DBA Payne Address 1602 Ohio Ave
From Date 2015 To Date Current
For Oostburg Concrete Address Oostburg
From Date 2001 To Date 2003
For Mike Koenig Address Sheboygan
From Date 1999 To Date 2001

- 6 State in detail the type of work you have been doing: Siding, windows, doors, Floors, rough carpentry, finish carpentry, masonry, decks, cabinets, demo, painting
- and the type of work you expect to do in the future: Mostly kitchen + Bath remodels some flooring, siding + 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 ever held a Construction related license? no If YES, list type, date and jurisdiction.
- 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? N/A. Are you familiar with the definition of, and can perform the work required under the Municipal Code? N/A.
- 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.

APPLICANT SIGNATURE

9/6/2023
DATE

Witnessed by: [Signature]

Print Name: _____

Address: _____

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



BUILDING INSPECTION DEPARTMENT
828 Center Avenue, Suite 208
Sheboygan, WI 53081-4442
Phone: (920) 459-3477
buildinginspection@sheboyganwi.gov


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

9/6/23

Date

Sam Payne

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 _____ 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: _____