



BUILDING INSPECTION DIVISION
 828 Center Avenue, Suite 208
 Sheboygan, WI 53081-4442
 Phone: (920) 459-3477
 Fax: (920) 459-0210
 buildinginspection@sheboyganwi.gov

Customer No.: 3575 Application Date: 03/18/2024 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: 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 _____	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:

- First Name Anthony Middle Initial J Last Name Greco
 Home Address 1521 Wyanbold Dr Cell #: (847) 366 3776
 City Algonquin State IL Zip(+4) 60102-
- Email tony@grecoremodeling.com
- State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____
- Current Employer: Greco Remodeling Services, Inc.
 How long have you been employed: 20 years _____ months. Number of employees: 3
 Work Address 637 Frazier Ave #4 Work #: (847) 891 4366
 City Elgin State IL Zip(+4) 60123-
- Work Experience: For whom have you worked? How did you gain your construction experience?

For <u>Caravel Autisra</u>	Address <u>1575 Alliance Ave Green Bay WI</u>
From Date <u>1-1-2020</u>	To Date <u>present</u>
For <u>Boxer Property</u>	Address <u>75 Executive Dr Aurora IL</u>
From Date <u>1-1-2017</u>	To Date <u>present</u>
For <u>Greco Remodeling Service</u>	Address <u>637 Frazier Ave Elgin IL</u>
From Date <u>1999</u>	To Date <u>present</u>
For _____	Address _____
From Date _____	To Date _____

6 State in detail the type of construction work you have been doing: Commercial & Residential remodeling, Buildouts, Exterior (roof, siding, windows), general contracting, Framing, Interiors (kitchens/bath)
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:
Chicago general contract 23-24, IL Roofing license 98-25
Misc Village license

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.

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

[Signature]
APPLICANT SIGNATURE
3/8/24
DATE

Witnessed by: [Signature]
Print Name: Josh Osmer
Address: 825 Harper Pk
Algonguin, IL 60102



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

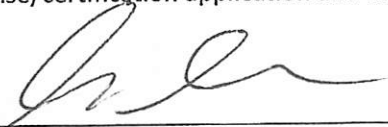
July 20, 2023

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*

3/18/24

Date

Anthony Greco

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: _____