

Customer No.: \_\_\_\_\_ Application Date: \_\_\_\_\_ 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 _____	YES	NO
Carpenter-Accessory <input checked="" type="checkbox"/>	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 Avery Middle Initial J Last Name Aicher  
Home Address 715 Center Ave Cell #: (920) 287-6280  
City Oostburg State Wi Zip(+4) 53070-1434
- Email Ave.Aicher@gmail.com
- State Credentials: Dwelling Contractor: 12 credits Dwelling Qualifier: \_\_\_\_\_
- Current Employer Erick Homes  
How long have you been employed: 1 years 10 months. Number of employees: 1  
Work Address 2457 Blake Ct Work #: (920) 960-5063  
City Oshkosh State Wi Zip(+4) 54904
- Work Experience: For whom have you worked? How did you gain your contracting experience?  
For Erick Homes Address 2457 Blake Ct  
From Date 05/23/22 To Date Current  
For Nyhol Butters Siding Windows Address 1135 Superior Ave  
From Date 02/12/2020 To Date 05/20/22  
For Acute Construction Address N9182 Dairyland Dr  
From Date 04/01/16 To Date 09/01/19  
For \_\_\_\_\_ Address \_\_\_\_\_  
From Date \_\_\_\_\_ To Date \_\_\_\_\_

6 State in detail the type of work you have been doing: I plan on Building With  
American Garage

and the type of work you expect to do in the future: Build Garages and other  
Construction type Services

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? 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.



APPLICANT SIGNATURE

03/20/24

DATE

Witnessed by: 

Print Name: Alexandra O'Brien

Address: 715 Center Ave  
Oostburg, WI 53070

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

03/20/24

Date

Avery Aicher

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 ~~Paul~~ Avery Aicher 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: 03/20/24