



## BUILDING INSPECTION DEPARTMENT

828 Center Avenue, Suite 208

Sheboygan, WI 53081-4442

Phone: (920) 459-3477

Fax: (920) 459-0210

buildinginspection@sheboyganwi.gov

Customer No.: 5245Application Date: 02/14/2023Approved: PERICKon: 2-23-23

----- 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: X

Temporary Job Location:

The Press Hqts  
637 Center Ave

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <u>X</u>	<u>YES</u>	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, 2023. 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:

1 First Name Curt Middle Initial A Last Name Bushman  
 Home Address W23054353 Milky Way Rd. Cell #: ( 414 ) 254-1458  
 City Waukegan State WI Zip(+4) 53189-7911

2 Email cccbush@hotmail.com3 State Credentials: Dwelling Contractor: DC-079500333 Dwelling Qualifier: DCQ-0907028484 Current Employer Bellcraft Builders IncHow long have you been employed: 38 years 0 months. Number of employees: 20Work Address Same as above Work #: ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip(+4) \_\_\_\_\_

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

For Bellcraft Builders Address Same as above  
 From Date 38 years To Date \_\_\_\_\_  
 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: Finish carpentry, Installing  
Doors & trim
- and the type of work you expect to do in the future: Same
- 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:  
Wisconsin Carpenters Union 1978-1982
- 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.

[Signature]

APPLICANT SIGNATURE

2/13/23

DATE

Witnessed by: [Signature]

Print Name: Cheryl Brshaw

Address: W 2308 4353 Milk Way  
Sheboygan WI 53089

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

2/18/23  
\_\_\_\_\_  
Date

Curt Bushman  
\_\_\_\_\_  
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: \_\_\_\_\_