

Customer No.: 5218 Application Date: 03/15/2023 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: X Temporary: _____

Temporary Job Location: _____

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter _____	YES	NO
Carpenter-Accessory <u>X</u>	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 \$ 25.00 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 Joel Middle Initial D. Last Name Beeck
Home Address 555 Sunset maple Cell #: (920) 946-5851
City Sheboygan Falls State WI Zip(+4) 53085-3305
- Email Shadow7497@charter.net
- State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____
- Current Employer Kohler Generator / Beecks wood working Beecks wood.
How long have you been employed: 28/8 years _____ months. Number of employees: Just me.
Work Address same as above Work #: () _____
City _____ State _____ Zip(+4) _____
- Work Experience: For whom have you worked? How did you gain your contracting experience?
For ZELM Construction Address sheboygan. wi.
From Date Early 80's To Date About 1 year , Kohler wi
For Rebuilding together Address LOCAL 833 Emile mazy Hall.
From Date EARLY 90's To Date 2020 , Kohler wi
For Board of Directors for Rebuilding together Address LOCAL 833 Emile mazy Hall.
From Date 2020 To Date 2022
For Beecks Wood working Address 555 Sunset maple Sheb Fls.
From Date march 17, 2015 To Date present

6 State in detail the type of work you have been doing:

I build Decks, Ramps, cutting Boards
Signature Boards, Remolding windows, I built my own
garage 5/2 pitch, 21x28
and the type of work you expect to do in the future: Decks, Ramps, Detach garage

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.

Joel D. Beeck
APPLICANT SIGNATURE

3/15/23
DATE

Witnessed by

Julie Beeck

Print Name:

JULIE BEECK

Address:

555 Sunset Maple
Sheboygan Falls, Wis

53085

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.**

Joel D. Beeck
Building Contractor - Signature

3/15/23
Date

Joel D. Beeck
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 Joel Beeck 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: Joel D. Beeck Date: 3/15/23