



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.: 4056 Application Date: 10/05/2023 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: City of Sheboygan

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <u>✓</u> _____	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:

1 First Name Matthew Middle Initial T Last Name Pomerence
 Home Address N5924 Blueberry Rd Cell #: 715 321-3695
 City Scandinavia State WI Zip(+4) 54977

2 Email Matthew.pomerence@drexelteam.com

3 State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____

4 Current Employer Drexel Systems

How long have you been employed: 3 years 4 months. Number of employees: 19

Work Address 500 Lorry St Work #: 866 328-2583
 City Amherst State WI Zip(+4) 54406

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

For <u>Blenker Building Systems</u>	Address <u>500 Lorry St, Amherst WI</u>
From Date <u>Oct 24, 2005</u>	To Date <u>April 30, 2020</u>
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: Off-site construction. We assemble (frame) residential homes using pre-built floor and wall panels and roof trusses. Rough framing only
and the type of work you expect to do in the future: Rough framing of residential homes utilizing Off-site construction
- 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.

Matt Powell

APPLICANT SIGNATURE

10/05/2023

DATE

Witnessed by: Nate Sippel

Print Name: Nate Sippel

Address: 110 E. Main St.

Campbellsport, WI 53010

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



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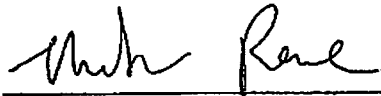
October 26, 2001

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

10-05-2023

Date



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: _____