



B.I.#  
05/29/2024  
\$125

Carol

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

Submit to Board

Customer No.: 4004

Application Date: 05/29/2024

Approve

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	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 JOSE Middle Initial Last Name GIL SALAZAR  
Home Address 2304 PENNSYLVANIA AVE Cell #: ( 920 ) 889-2253  
City SHEBOYGAN State WI Zip(+4) 53081 - 4252

2 Email

3 State Credentials: Dwelling Contractor: Dwelling Qualifier:

4 Current Employer SELF EMPLOYED

How long have you been employed: 2 years 0 months. Number of employees: 0

Work Address Work #: ( )

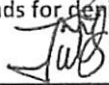
City State Zip(+4)

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

For Morena's Roofing & Concrete Address  
From Date 10 / 2022 To Date 12 / 2022  
For Isidoro Roofing Address  
From Date 01 / 2022 To Date 12 / 2022  
For E & R Roofing Address  
From Date 01 / 2021 To Date 01 / 2022  
For A + A Roofing Address  
From Date 01 / 2018 To Date 01 / 2018

- 6 State in detail the type of work you have been doing: roofing intstallations and siding installation
- and the type of work you expect to do in the future: roofing and siding
- 7 Have you attended a trade school: NO. If yes, give date, name and address of school(s) attended:  
N/A
- 8 Did you serve an apprenticeship period? NO. If so, state with whom, and dates:  
N/A
- 9 Have you ever held a Construction related license? NO If YES, list type, date and jurisdiction.  
N/A
- Have you ever had a construction related license denied, refused, or revoked? NO If YES, list date, place and reason:  
N/A
- 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

10/10/2023

DATE

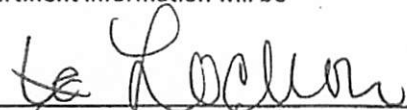
Applicant acknowledges:

- 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

Witnessed by:

Print Name:

Address:

  
Lesley Dchoa  
1427 N 8th St  
Sheboygan 53081

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

10/10/2023

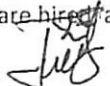
Date

**JOSE GIL SALAZAR**

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 JOSE GIL SALAZAR 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: 10/10/2023