

Customer No.: 6734

Application Date: 01/06/2026 Approved: _____

on: _____

Card

Printed: _____

Payment

Check/Card #: _____

Amount Pd: _____

Bill #: _____

In the city of Sheboygan, Wisconsin, for the year ending December 31, 20 26. The application/temporary license fee of \$ 75.00 has been paid to the Building Inspection Division as shown by receipt # _____ . The license/certificate fee of \$ _____ is to be made upon application approval for each license/certificate.

----- DO NOT COMPLETE BLANKS ABOVE THIS LINE -----

Please type or print neatly and legibly in black or dark blue ink - pencil not acceptable. Incomplete applications will be rejected.

TO THE BOARD OF LICENSE EXAMINERS, CITY OF SHEBOYGAN, WISCONSIN

All license 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		
General Contractor	<input checked="" type="checkbox"/>	Board Meeting <input checked="" type="checkbox"/> YES Exam <input checked="" type="checkbox"/> YES
Carpenter	<input checked="" type="checkbox"/>	YES NO
Carpenter-Accessory	<input checked="" type="checkbox"/>	YES NO
<i>Note: Temporary does not attend Board Meeting</i>		

Certificate		
Moving/Razing	<input type="checkbox"/>	Excavating <input type="checkbox"/>
Concrete/Asphalt	<input type="checkbox"/>	Masonry <input type="checkbox"/>
Steel Erecting	<input type="checkbox"/>	Tuckpointing <input type="checkbox"/>
Roofing	<input type="checkbox"/>	Siding <input type="checkbox"/>
Doors/Windows	<input type="checkbox"/>	Insulation <input type="checkbox"/>
Drywall	<input type="checkbox"/>	Fences <input type="checkbox"/>
Cabinets/Countertops	<input type="checkbox"/>	Waterproofing <input type="checkbox"/>

All of the following questions/blanks must be completed:

1 First Name Seth Middle Initial P Last Name Steffen
Home Address 1395 Stand Hill Circle Cell #: 483-0994
City West Bend State WI Zip(+4) 53090-8209

2 Preferred Email sssteffen@kelvraann.com

3 Name of Current Employer: Kelvraann Restoration

How long have you been employed: years: _____ months: 5 Number of employees: 80

Business Address 4307 S TAYLOR DR. Work #: (920) 689 6688

City Sheboygan State WI Zip(+4) 53081-8485

4 State Credentials: Dwelling Contractor #: _____ - DC Dwelling Qualifier: 4323 - DCQ

5 Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?

For Self Employed - Steffen Interiors LLC Address 1395 Stand Hill Circle, West Bend, WI
From Date 2005 - 2017, To Date 2017
For CAPP COMMUNITIES - MAINTENANCE Address 425 W WALTERS ST. PORT WASHINGTON
From Date MAY 2017, To Date JUNE 2024
For Anderson Ashton - CONST. SUPERINTENDENT Address 2746 S 166th St. New Berlin, WI
From Date JUNE 2024, To Date MAY 2025
For Home Inspector - Wisconsin Address -
From Date APRIL 2023, To Date APRIL 2025

6 State in detail type of construction work you have performed:

Int/Ext Remodeling;

*Repairs, Framing, Electrical, Plumbing, Insulating,
Drywall, Painting, Finish Carpentry, Flooring,*

Type of construction work you expect to complete in the future: *General Contracting,*

Project Management, Restoration

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 held a City Contractor related license/certification? _____ If YES, list type and dates:

HOME INSPECTOR LICENSE, WI - ~~2021~~ - ~~2023~~ 2023-2025

Have you ever had a City contractor license/certification denied, refused, or revoked? _____

If YES, list date and reason:

NO

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 City Ordinance? 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.

I, the applicant, further acknowledge:

- a) Receipt of City Ordinance Chapter 12 Division 12-II-3 - Contractors
- b) License/Certification applied for expires at end of current calendar year
- c) It is my responsibility to renew license prior to expiration until such time as not needed
- d) It is my responsibility to submit timely a valid Certificate of Insurance (COI)

Signature Witnessed by: _____

APPLICANT SIGNATURE

Print Witness Name: _____

DATE

Witness Address: _____

APPLICANT:

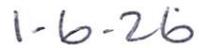
It is important to emphasize the process and procedures provided for in city and state codes for required inspections. Please read the "Required Building Inspections" handout carefully and adhere to the requirements. If a required inspection is not requested of an inspector, a penalty inspection fee 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 DIVISION

After you read the "Required Building Inspections" handout, please sign below. **This sheet must accompany your license/certification application and will be kept on file.**



Applicant Signature



Date of Signature



Applicant (please print name)

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 _____ have/has 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: _____