

App fee - \$50
card: 202743338



BUILDING INSPECTION DIVISION

828 Center Avenue, Suite 208

Sheboygan, WI 53081-4442

Phone: (920) 459-3477

Fax: (920) 459-0210

buildinginspection@sheboyganwi.gov

Customer No.: 61428 Application Date: 8/10/26 Approved: _____ on: _____
Payment _____ Card _____
Check/Card #: _____ Amount Pd: _____ Bill #: _____ Printed: _____
In the city of Sheboygan, Wisconsin, for the year ending December 31, 2026. The application/temporary License fee of
\$ 50 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: X Temporary: _____ Temporary Job Location: _____

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <u>X</u> _____	YES	NO
Carpenter-Accessory _____	YES	NO
Note: Temporary does not attend Board Meeting		

Certificate		
Moving/Razing _____	Excavating _____	
Concrete/Asphalt _____	Masonry _____	
Steel Erecting _____	Tuckpointing _____	
Roofing _____	Siding _____	
Doors/Windows _____	Insulation _____	
Drywall _____	Fences _____	
Cabinets/Countertops _____	Waterproofing _____	

All of the following questions/blanks must be completed:

- 1 First Name Adam Middle Initial _____ Last Name Uraynar
Home Address 1018A N 11th St Cell #: (920) 5223483
City Sheboygan State WI Zip(+4) 53081 -
2 Preferred Email adamuraynar@gmail.com
- 3 Name of Current Employer: self-employed
How long have you been employed: years: 3 months: _____ Number of employees: 0
Business Address 807 Center Ave #8 Work #: () _____
City Sheboygan State WI Zip(+4) 53081 -
- 4 State Credentials: Dwelling Contractor #: _____ - DC Dwelling Qualifier: 5135 - DCQ
- 5 Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?

For HarborStone Homes carpenter (full-time)	Address <u>Camelback Rd Phoenix AZ</u>
From Date <u>Apr 2024</u> ,	To Date <u>Dec 2024</u> ,
For HarborStone Homes carpenter (part-time)	Address <u>Camelback Rd Phoenix AZ</u>
From Date <u>Sep 2023</u> ,	To Date <u>Apr 2024</u> ,
For Duane Ahlers Construction carpenter	Address <u>Brookings SD</u>
From Date <u>Jan 2016</u> ,	To Date <u>Jan/Feb 2019</u> ,
For Habitat For Humanity general laborer	Address <u>Sheboygan and Plymouth</u>
From Date <u>2013</u> ,	To Date <u>2016</u> ,

6 State in detail type of construction work you have performed: Flooring, painting, carpentry, trim carpentry, framing, repairs, etc.

Helped build 2642 N 19th St, 1036 Erie Ave and two other houses in Sheboygan with Habitat for Humanity as well.

Also did commercial reno converting motel rooms into apartments.

Type of construction work you expect to complete in the future: Residential remodels, mostly interior.

Detached garage siding.

7 Have you attended a trade school? No. If yes, give date, name and address of school(s) attended:

Engineering degree (UW-Platteville).

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? No If YES, list type and dates:

Have you ever had a City contractor license/certification denied, refused, or revoked? No

If YES, list date and reason:

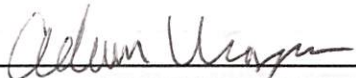
10 Have you read the Ordinance and all amendments to date which were passed by the Common Council of the City of Sheboygan, Wisconsin, pertaining to the License/Certification you are applying for? Yes. Are you familiar with the definition of, and can perform the work required under the City Ordinance? 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)



APPLICANT SIGNATURE

5/29/26

DATE

Signature Witnessed by: 

Print Witness Name: Fay Wagner

Witness Address: 3122 N 27th St

Sheboygan, WI

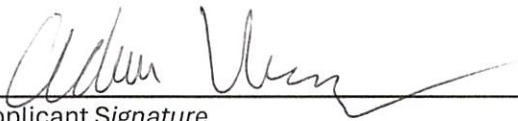
53083

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

5/29/26
Date of Signature

Adam Uraynar

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 Adam Uraynar 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: Adam Uraynar Date: 5/29/26