

Customer No.: 5070

Application Date: 05/01/2023 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 <u>X</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 _____	Waterproofing _____

(do not complete this section) in the city of Sheboygan, Wisconsin for the year ending December 31, 20 23. The application fee of \$ 2500 has been paid to the Building Inspection Department as shown by Receipt Number 189571. 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 Joseph Middle Initial L Last Name Tichy  
Home Address 1908 North 1st St. Cell #: (920) 791-1197  
City Sheboygan State WI Zip(+4) 53081-2905
- Email Joe.SuperiorFlooring@gmail.com
- State Credentials: Dwelling Contractor: \_\_\_\_\_ Dwelling Qualifier: \_\_\_\_\_
- Current Employer Self employed Superior Flooring & Remodeling  
How long have you been employed: \_\_\_\_\_ years \_\_\_\_\_ months. Number of employees: 2  
Work Address 1908 North 1st Street Work #: (920) 791-1197  
City Sheboygan State WI Zip(+4) 53081-2905
- Work Experience: For whom have you worked? How did you gain your contracting experience?  
For D&M K Baer Address \_\_\_\_\_  
From Date 2007 , 2012 To Date \_\_\_\_\_  
For Scotts Ind Alabama Address \_\_\_\_\_  
From Date 2013 , 2015 To Date \_\_\_\_\_  
For Self Employed Address \_\_\_\_\_  
From Date 2015 , present To Date \_\_\_\_\_  
For S&R Siding Address \_\_\_\_\_  
From Date 2005 , 2007 To Date \_\_\_\_\_

6 State in detail the type of work you have been doing: installing flooring, tile showers  
Back splashes, cabinet and counter install, Rough and Finish  
Framing, finish work Residential Remodeling and garage frame  
and the type of work you expect to do in the future: high home remodeling, flooring  
cabinets, counters, decks attached and detached

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? yes If YES, list date, place and reason:  
did remodel in plymouth without a lic "Beth" Nov 2022

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? \_\_\_\_\_.

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  
4/28/2023  
DATE

Witnessed by:   
\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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:**

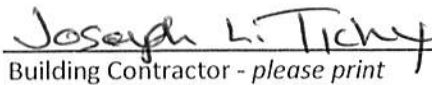
To better utilize available hours of Building Inspection Department personnel, it is important to reemphasize the process and procedures provided for in city and state codes for required inspections. Please read the attached carefully and adhere to the requirements. If a required inspection is not requested 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.**

  
Building Contractor - Signature

4/28/2023  
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: \_\_\_\_\_