



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.: 471 Application Date: 08/27/2015 Approved: _____ on: _____
 Payment _____ Card _____
 Check/Card #: _____ Amount Pd: _____ Bill #: _____ Printed: _____
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 20____. The application/temporary License fee of \$_____ 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		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <input checked="" type="checkbox"/> _____	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:

- First Name Benjamin Middle Initial A Last Name Vergunst
 Home Address 816 High Ave Cell #: (920) 263 8090
 City Sheboygan State WI Zip(+4) 53081
- Preferred Email bavergunst@gmail.com
- Name of Current Employer: Self-employed
 How long have you been employed: years: 3 months: 6 Number of employees: 1
 Business Address 816 High Ave Work #: (920) 263 8090
 City Sheboygan State WI Zip(+4) 53081
- State Credentials: Dwelling Contractor #: 3291-DCFR - DC Dwelling Qualifier: 2453-DCQ - DCQ
- Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?
 For Blok Builders Inc. Address 5942 W N Ave Kalamazoo, MI
 From Date 06/2016 To Date 05/2019
 For Bronkhorst Builders Address W11455 Longview Rd, Brandon, WI.
 From Date 10/2013 To Date 05/2016
 For _____ Address _____
 From Date _____ To Date _____
 For _____ Address _____
 From Date _____ To Date _____



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6 State in detail type of construction work you have performed: Residential new construction and remodels.
Light commercial. ~~Manufacturing~~ Structural Framing, Doors and windows, Flooring, tile,
Painting, interior/exterior trim, siding. Misc. home repair.
Type of construction work you expect to complete in the future: Residential remodels, smaller new construction,
cabinets, windows and doors, fencing, misc. home repair.

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? 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)

BL [Signature]
APPLICANT SIGNATURE

8/27/25

DATE

Signature Witnessed by: [Signature]

Print Witness Name: Savanna Kapelka


Witness Address: 828 Center Ave Ste 208
Sheboygan, WI 53081

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

8/27/25

Date of Signature

Benjamin Vergunst

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 Benjamin Vergunst 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: 8/27/25