

Customer No.: <u>476</u>	Application Date: <u>08/25/2024</u>	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: X

Temporary Job Location: _____

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <u>X</u>	<u>YES</u>	<u>NO</u>
Carpenter-Accessory _____	YES	NO

Note: Temporary does not attend Board Meeting

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

All of the following questions/blanks must be completed:

- 1 First Name Neil Middle Initial M Last Name Raffensperger
 Home Address 26602 Doverline Road Cell #: (262) 752-7252
 City Waterford State WI Zip(+4) 53185 - 5634
- 2 Preferred Email neil@raffcustomhomes.com
- 3 Name of Current Employer: Raff Custom Homes
 How long have you been employed: years: 9 months: _____ Number of employees: 8
 Business Address 26602 Doverline Road Work #: (262) 752-7252
 City Waterford State WI Zip(+4) 53185 -
- 4 State Credentials: Dwelling Contractor #: _____ - DC Dwelling Qualifier: _____ - DCQ
- 5 Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?

For <u>Raff Custom Homes</u>	Address <u>26602 Doverline Road, Waterford, WI 53185</u>
From Date <u>2016</u> ,	To Date <u>Present</u> ,
For _____	Address _____
From Date _____ ,	To Date _____ ,
For _____	Address _____
From Date _____ ,	To Date _____ ,
For _____	Address _____
From Date _____ ,	To Date _____ ,

6 State in detail type of construction work you have performed: Framing Rough carpentry and Siding

Type of construction work you expect to complete in the future: Framing Rough carpentry and Siding

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)


APPLICANT SIGNATURE

8-18-2025

DATE

Signature Witnessed by: 

Print Witness Name: Elizabeth Raffensperger

Witness Address: 9889 s 27th street Apt 209
Franklin, WI 53132

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

8-18-2025

Date of Signature

Neil Raffensperger

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: _____