



BUILDING INSPECTION DEPARTMENT  
828 Center Avenue, Suite 208  
Sheboygan, WI 53081-4442  
Phone: (920) 459-3477  
Fax: (920) 459-0210  
buildinginspection@sheboyganwi.gov

Customer No.: 5562 Application Date: 12/02/2022 Approved by: AKH 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: ☒ Temporary: \_\_\_\_\_

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

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

in the city of Sheboygan, Wisconsin for the year ending December 31, 2023. The application fee of \$ 300 has been paid to the Building Inspection Department as shown by Receipt Number \_\_\_\_\_. License/Certificate Fee of \$ \_\_\_\_\_ is to be made upon application approval for License/Certificate.

### All of the following questions/blanks must be completed:

- 1 First Name Tim Middle Initial J Last Name Kleiber  
Home Address N3514 Blueberry Lane Cell #: (920) 207-8997  
City Waldo State wi Zip(+4) 53093
- 2 Email tim@kleiberconstruction.com
- 3 State Credentials: Dwelling Contractor: 1252264 Dwelling Qualifier: 1252202
- 4 Current Employer Kleiber Construction Inc  
How long have you been employed: 22 years \_\_\_\_\_ months. Number of employees: 24  
Work Address 510 Water Street Work #: (920) 207 8997  
City Sheboygan Falls State WI Zip(+4) 53085
- 5 Work Experience: For whom have you worked? How did you gain your contracting experience?  
For Kleiber Construction Since 2000 Address 15785 Hillcrest Drive  
From \_\_\_\_\_ To Plymouth WI 53073  
For \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
For \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
For \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_



BUILDING INSPECTION DEPARTMENT  
828 Center Avenue, Suite 208  
Sheboygan, WI 53081-4442  
Phone: (920) 459-3477  
buildinginspection@sheboyganwi.gov

6 State in detail the type of work you have been doing: Masonry, Carpentry, Addition, New homes  
remodels, General Contracting

and the type of work you expect to do in the future: Same as above

7 Have you attended a trade school: yes. If yes, give date, name and address of school(s) attended:  
Fox Valley Tech - Spanbauer Center

8 Did you serve an apprenticeship period? NO. If so, state with whom, and dates:

9 Have you ever held a Construction related license? yes If YES, list type, date and jurisdiction.  
WI Dwelling + Contractor license

Have you ever had a construction related license denied, refused, or revoked? NO If YES, list date, place 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 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? 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.

[Signature]

APPLICANT SIGNATURE

11-10-22

DATE

Witnessed by: [Signature]

Print Name: Jill Kleiber

Address: 13514 Blueberry lane

Wauke WI 53093

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



BUILDING INSPECTION DEPARTMENT  
828 Center Avenue, Suite 208  
Sheboygan, WI 53081-4442  
Phone: (920) 459-3477  
buildinginspection@sheboyganwi.gov

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

11-10-22  
Date

Tim Kleiber

Building Contractor - please print

Please call me for the meeting on 12-6 @ 5:00 PM @ 920-207-8497

**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: \_\_\_\_\_