

Customer No.: 3241 Application Date: 07/14/2024 Approved: \_\_\_\_\_ on: \_\_\_\_\_  
 Check/Card #: \_\_\_\_\_ Amount Pd: \_\_\_\_\_ Bill #: \_\_\_\_\_ Bill Date: \_\_\_\_\_  
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 20\_\_\_\_. The Application or Temporary License fee of \$ 50 has been paid to the Building Inspection Division as shown by Receipt Number 219479  
 License/Certificate Fee of \$ 200.00 is to be made upon application approval for 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 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 Jeffrey Middle Initial R Last Name Grunewald  
 Home Address N8400 Hwy 42 Cell #: ( 920 ) 207-2877  
 City Sheboygan State WI Zip(+4) 53083 - 5221
- Email jeffgrunewald5@gmail.com or jeff@distinctivedesignstudio.com
- State Credentials: Dwelling Contractor #: DC 032200358 Dwelling Qualifier: DCQ 09110042
- Name of Current Employer: Distinctive Design Studio  
 How long have you been employed: 2 years 3 months. Number of employees: 15  
 Work Address 215 Pine St Work #: ( 920 ) 395-1092  
 City Sheboygan Falls State WI Zip(+4) 53085 - 1529
- Work Experience: For whom were you employed? (Do not list contract work). How did you gain your construction experience?
 

For <u>SASD House Construction</u>	Address <u>830 Virginia Ave</u>
From Date <u>JULY, 2006</u>	To Date <u>JULY, 2016</u>
For <u>Distinctive Design Studio</u>	Address <u>215 PINE ST. SHEBOYGAN FALLS</u>
From Date <u>MAY, 2023</u>	To Date <u>CURRENT</u>
For _____	Address _____
From Date _____	To Date _____
For _____	Address _____
From Date _____	To Date _____

6 State in detail the type of construction work you have performed: Rough framing, siding, roofing, windows and doors  
cabinetry, finish trim, drywall, painting, flooring, tile

Type of construction work you expect to complete in the future: same as above

7 Have you attended a trade school? no. If yes, give date, name and address of school(s) attended:  
Taught at Lakeshore Technical College - OSHA and Blueprint reading  
Taught residential house construction for SASD for 10 years

8 Did you serve an apprenticeship period? no, If so, state with whom, and dates:  
Bachelors degree in technical education

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)

[Signature]

APPLICANT SIGNATURE

7-8-2024

DATE

Signature Witnessed by: [Signature]

Print Witness Name: AMBER SABROWSKY

Witness Address: 215 PINE ST

SHEBOYGAN FALLS, WI

**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 attached the "Required Building Inspections" handout, please sign below. **This sheet must accompany your license/certification application and will be kept on file.**

  
\_\_\_\_\_  
Applicant Signature

7-8-2024  
\_\_\_\_\_  
Date of Signature

JEFF GRUNEWALD  
\_\_\_\_\_  
Applicant (please print name)

<p><b>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.)</b></p> <p>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.</p> <p>Signature: _____ Date: _____</p>	
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