



Customer No.: 2085 Application Date: 07/01/2025 Approved: _____ on: _____
 Payment Card Printed: _____
 Check/Card #: _____ Amount Pd: _____ Bill #: _____
 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 <input checked="" type="checkbox"/> _____	Masonry _____
Steel Erecting _____	Tuckpointing _____
Roofing _____	Siding <input checked="" type="checkbox"/> _____
Doors/Windows <input checked="" type="checkbox"/> _____	Insulation <input checked="" type="checkbox"/> _____
Drywall _____	Fences <input checked="" type="checkbox"/> _____
Cabinets/Countertops <input checked="" type="checkbox"/> _____	Waterproofing _____

All of the following questions/blanks must be completed:

1 First Name Dusty Middle Initial _____ Last Name Hungerford
 Home Address 1622 S 12th St Cell #: (920) 994-0382
 City Sheboygan State WI Zip(+4) 53081-5246

2 Preferred Email Hs.Builds24@gmail.com

3 Name of Current Employer: Hs Builders LLC

How long have you been employed: years: 0 months: 3 Number of employees: _____

Business Address 1622 S 12th St Work #: (920) 994-0382

City Sheboygan State WI Zip(+4) 53081-5246

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 SASD House Construction Address 1240 Washington Ave Sheboygan WI
 From Date August 2015 To Date June 2016

For Northcentral Construction Address 631 S Hickory St Fond du Lac WI 54935
 From Date November 2017 To Date June 2019

For tradesmen international Address 711 Deerwood Ave Unit C Neenah WI 54956
 From Date July 2019 To Date December 2022

For glass guru Address 3325 Behrens Pkwy Sheboygan WI 53081
 From Date June 2019 to January 2021 To Date June 2023 - August 2024



6 State in detail type of construction work you have performed: Built a House in High School
Commercial carpentry and steel, glass, windows and doors and small
Bathroom remodels

Type of construction work you expect to complete in the future: Remodels and New House builds

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)

Deety K... [Signature]
APPLICANT SIGNATURE
04-01-25
DATE

Signature Witnessed by: *[Signature]*
Print Witness Name: _____
Witness Address: _____



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

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.**

Dusty Hungerford
Applicant Signature

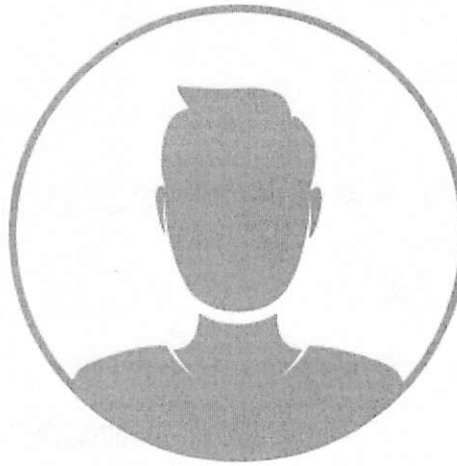
04-01-25
Date of Signature

Dusty Hungerford
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 Hs Builders LLC 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: Dusty Hungerford Date: 04-01-25



Credential/License Summary for 2403 - DCFR

As of April 1, 2025 9:11:34 AM

Name : HS Builders LLC

Credential/License Number : 2403 - DCFR

Professions : Dwelling Contractor

Location : Sheboygan, Wisconsin - 53081

Credential/License Type : Regular

Status : License is current (Active)

Eligible To Practice : Eligible

Credential Expiration Date : 2026-03-31

Granted Date : 2025-03-31

Multi-State : N

Orders : 0

Specialities :

Other Names : HS Builders LLC

Orders for 2403 - DCFR



No Orders Found

Relationships for 2403 - DCFR

Individual

