

Application No. 39784 Sheboygan, Wis., 11-9, 20 21
Approved by: _____ on _____

TO THE BOARD OF LICENSE EXAMINERS OF THE CITY OF SHEBOYGAN, WISCONSIN

The undersigned hereby applies for a Carpenter Building Construction Installation Cabinet LICENSE/REGISTRATION
to allow him/her to do work at: 2042 Jay Road or in the City of
Sheboygan, Wisconsin during the year ending December 31, 20____.

The Application fee of \$25.25 has been paid to the Building Inspection Department as shown by Receipt
Number _____. License/Registration Fee of \$_____ is to be made upon issuance of the
License/Registration.

All of the following questions must be answered:

- First Name Steve Middle Initial J Last Name Coffee
Home Address 854 Delta Street Phone # (262) 443-2762
City Cleveland State WI Zip(+4) 53015-1582
- Date of Birth 8/10/70 Place of Birth West Allis, WI
- Are you employed? yes For Whom? T. Coffee Construction
How long have you been employed by them 8 years _____ months.
email sjcoffee@yahoo.com
Work Address 854 Delta Street Phone # (262) 443-2762
City Cleveland State WI Zip(+4) 53015
- State Credentials: Dwelling Contractor: DLQ 082100883 Dwelling Qualifier: DL 082100908
- How long have you worked as a Contractor? Answer: 30 years.
For whom did you work during this period? (List only the last 10 years)
For TEB Leathernecks Address 711 York St Manitowish
From 1994 To 2019
For T. Coffee Const Address 854 Delta Street
From 2020 To Present
For _____ Address _____
From _____ To _____
- State in detail the type of work you have been doing: Deck & Fence Construction,
Shed & Garage Construction, Flooring, Interior Remodels, etc.
and the type of work you expect to do in the future: Same

7 Have you attended a trade school: yes. If yes, give name and address of school(s) attended:

Superior College
VT Carpentry

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

8 Have you ever applied for a City license? No If so, give type, place, and date

Was it granted? _____

Have you ever had a license denied, refused, or revoked? _____

If so, explain; giving place and date _____

9 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/Registration you are applying for? yes. Are you familiar with the definition of, and can perform the work required under the Municipal Code? yes. Are you willing to take a written examination for a yes license/registration if required to do so by the BOARD of LICENSE EXAMINERS (License application only)? ____.

10 If you are granted a registration/license, will you comply with the Ordinance and its amendments, and with the orders of the Inspector? yes.

All Applications requiring Board of License Examiners approval must be submitted by 3rd Wednesday prior to scheduled meeting.

I, the applicant, mentioned in the foregoing application for a _____ License/Registration, have read each of the foregoing questions from 1 to 10 inclusive; to which I have made answer, and said answers in each instance are true and correct.

Witnessed: _____

Print Name: _____

Address: _____

Ellise Rose
Ellise Rose
828 Center Ave
Sheboygan WI 53081

Secc

APPLICANT SIGNATURE

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

11-8-21

Date



Building Contractor - please print