

BUILDING INSPECTION DEPARTMENT

828 Center Avenue, Suite 208 Sheboygan, WI 53081-4442

Phone: (920) 459-3477 Fax: (920) 459-0210

	wi.gov				@sheboyganwi.gov
pplication No.	1934	Sheboyga	n, Wis.,	02/16	, 20 ZZ
Approved by:		on			
T	O THE BOARD OF LICENS	SE EXAMINERS OF THE	CITY OF SHEB	OYGAN, WISCON	ISIN
he undersigned	hereby applies for a	Carpente	r	LICE	NSE/REGISTRATIO
o allow him/her				or in the	e City of
	onsin during the year ending I				
he Application f	ee of \$ 25. has bee	en paid to the Building Inspe	ction Departmer	nt as shown by Recei	pt
	<u> </u>	on Fee of \$ 150. is to	be made upon i	ssuance of the	
icense/Registrat	ion.				
All of the follow	wing questions must be an	swered:		,	
First Name	Damir	Middle Initial	Last Name	Herdic	
Home Addres	ss 3123 N. 12th	Street	Phone # (920) 889-	6257
City	Shebovaan	State_WI	Zip(+4)	53083 - 401	D
Date of Birth	12/10/1982	Place of Bir	n		
	2 10	1 -14	Em at II	T	
Are you empl		For Whom? Lake	1/ <i>0/1</i> 1 П	orne Impr	ovements
How long hav	ve you been employed by ther	m	months.		
ema	1241	inaii com	0.0420-0.0 0.000.0000	080	1.257
Work Addre	01.1	Street	Phone #		-6257
City	Sheboygan	State <u>WI</u>	Zip(+4) <u></u>	5308 3 - 401	<u>D</u>
State Creden	tials: Dwelling Contract	.or:D <i>C-10200101</i>	S Dwellin	ng Qualifier: DCQ	<u>-10200112</u>
How long hav	ve you worked as a Gene	m/ Carpente	r ?	Answer: 22	_ years.
570	d you work during this period?	그리는 그를 해내 하는데 하는데 하는데 보다 보다 하는데 그리고 아니라 하는데 나를 하는데	and the same of th		
F	or StH Remodelin	g Inc. Addre	ess /2010 /	NacArthur	Are Sheb
Fro	m July 2008	5 ,	то Ма	x 2020	,
F	or	Addr) *	
Fro	om		То		
	or	Addr	ess		
F					



BUILDING INSPECTION DEPARTMENT

828 Center Avenue, Suite 208 Sheboygan, WI 53081-4442 Phone: (920) 459-3477

buildinginspection@sheboyganwi.gov

,	Have you attended a trade school: If yes, give name and address of school(s) attended:					
8	Did you serve an apprenticeship period?, If so, state with whom, and give dates:					
3	Have you ever applied for a City license?					
	Was it granted? Have you ever had a license denied, refused, or revoked?					
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? Are you familiar with the definition of, and can perform the work required under the Municipal Code? Are you willing to take a written examination for a					
	nd with the orders of the Inspector?					
	All Applications requiring Board of License Examiners approval must be submitted by 3 rd Wednesday prior to scheduled meeting. I, the applicant, mentioned in the foregoing application for a					
	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: Witnessed:					
	Applicant Signature Address: 3123 N. 12th St. Shehoygan, WI 53083-4010					



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

Date

Building Contractor - please print

Division of Professional Credential Processing 4822 Madison Yards Way Madison, WI 53705 Phone: (608) 266-2112

Fax: (608) 267-0592

Email: dspscredtrades@wi.gov Website: www.dsps.wi.gov

Certification, License, or Registration Card

Below you will find your certification, license or registration card. This card serves as an additional piece of documentation of licensure that may be carried on person. To view details about your credential or continuing education log into the eSLA portal where you can view your credential status or use the public lookup to verify the status of your CE. To access the eSLA portal, navigate to www.eSLA.wi.gov.

Wisconsin Department of Safety and Professional Services

Damir Herdic

Credential ID: DCQ-102001125

Customer ID:

Certification, License, or Registration Name Expires:

Dwelling Contractor Qualifier

2022-10-12

Signature:

Please review the information on the card. If errors or discrepancies are found, you may contact the Department at 608-266-2112 or email DSPSCredTrades@wi.gov, and provide your ID number printed on the card. The Department should be notified of changes in addresses as they occur. Notification of address changes is the responsibility of the credential holder. A renewal notice will be emailed to the email address on file 30 and 60 days before expiration. Before the expiration date of each credential indicated on the card. Renewals are contingent upon compliance with the requirements specified in Wisconsin Administrative Code SPS 305.

Division of Professional Credential Processing 4822 Madison Yards Way Madison, WI 53705

Phone: (608) 266-2112 Fax: (608) 267-0592

Email: dspscredtrades@wi.gov Website: www.dsps.wi.gov

Certification, License, or Registration Card

Below you will find your certification, license or registration card. This card serves as an additional piece of documentation of licensure that may be carried on person. To view details about your credential or continuing education log into the eSLA portal where you can view your credential status or use the public lookup to verify the status of your CE.

Wisconsin Department of Safety and Professional Services

Lakefront Home Improvements LLC

Credential ID: DC-102001068

Certification, License, or Registration Name Expires:

Dwelling Contractor

2022-10-13

Signature;

Please review the information on the card. If errors or discrepancies are found, you may contact the Department at 608-266-2112 or email DSPSCredTrades@wi.gov, and provide your ID number printed on the card. The Department should be notified of changes in addresses as they occur. Notification of address changes is the responsibility of the credential holder. A renewal notice will be emailed to the email address on file 30, 60, and 90 days before expiration. Before the expiration date of each credential indicated on the card. Renewals are contingent upon compliance with the requirements specified in Wisconsin Administrative Code SPS 305.