City of Sheboygan
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T-2620

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

Customer No.: 1506 Application Date: 11/04/2025 Approved: PATRICK on: 11-6-25
Payment Check/Card #: Cash Amount Pd: $350.00 Card Bill #: N/A Printed: N/A

In the city of Sheboygan, Wisconsin, for the year ending December 31, 20 26. The ~~application~~/temporary License fee of $ 25.00 has been paid to the Building Inspection Division as shown by receipt # 244550. The license/certificate fee of $ N/A 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: X Temporary: ___ Temporary Job Location: 1414 N Taylor Dr

License		Board Meeting	Exam
General Contractor		YES	YES
Carpenter	X	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:

1 First Name Boyd Middle Initial J. Last Name PHILIPPI JR.
Home Address 3116 WHITE TAIL RUN Cell #: (920) 860-9562
City BRILLION State WI Zip(+4) 54110-9304

2 Preferred Email boyd.philippi@gmail.com

3 Name of Current Employer: PHILIPPI QUALITY CONSTRUCTION, INC.
How long have you been employed: years: 16 months: ___. Number of employees: 8
Business Address 4223 EXPO DRIVE / PO BOX 903 Work #: (920) 860-9562
City MANITOWOC State WI Zip(+4) 54220-7303

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 ___ Address ___
From Date ___, ___ To Date ___, ___
For ___ Address ___
From Date ___, ___ To Date ___, ___
For ___ Address ___
From Date ___, ___ To Date ___, ___
For ___ Address ___
From Date ___, ___ To Date ___, ___

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6 State in detail type of construction work you have performed: ALL ~~COM~~ BUILDING CONSTRUCTION

Type of construction work you expect to complete in the future: STEEL STUDS & ~~PAPER~~ DRYWALL & PAINTING

7 Have you attended a trade school? YES. If yes, give date, name and address of school(s) attended:
LTC 1989

8 Did you serve an apprenticeship period? YES, If so, state with whom, and dates:
WIS 1992 - 1995

9 Have you held a City Contractor related license/certification? YES If YES, list type and dates: 2015

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)

Brad T. Glenn
APPLICANT SIGNATURE

11-4-25
DATE

Signature Witnessed by: Linnie Weiss
Print Witness Name: Linnie Weiss
Witness Address: 828 Center Ave
Sheboygan, WI
53081

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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.**

Boyd J. Phillippi Jr. — Applicant *Signature*

4-4-2025 — Date of Signature

BOYD J. PHILIPPI, JR. — 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 _____ 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: _____ **Date:** _____