



**BUILDING INSPECTION DIVISION**

828 Center Avenue, Suite 208  
 Sheboygan, WI 53081-4442  
 Phone: (920) 459-3477  
 Fax: (920) 459-0210

[buildinginspection@sheboyganwi.gov](mailto:buildinginspection@sheboyganwi.gov)

Customer No.: \_\_\_\_\_ Application Date: 04/21/2026 Approved: \_\_\_\_\_ on: \_\_\_\_\_  
 Payment \_\_\_\_\_ Card \_\_\_\_\_  
 Check/Card #: \_\_\_\_\_ Amount Pd: \_\_\_\_\_ Bill #: \_\_\_\_\_ Printed: \_\_\_\_\_  
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2026. The application/temporary License fee of \$ 75 has been paid to the Building Inspection Division as shown by receipt # \_\_\_\_\_. The license/certificate fee of \$ 300 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 <input checked="" type="checkbox"/>	YES	YES
Carpenter _____	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 Timothy Middle Initial M Last Name Hephner  
 Home Address N4259 Sandstone Drive Cell #: ( ) 920-374-2042  
 City Chilton State WI Zip(+4) 53014 - \_\_\_\_\_

2 Preferred Email thephner@hamann.com

3 Name of Current Employer: Hamann Construction Company  
 How long have you been employed: years: 39 months: 8 Number of employees: 45  
 Business Address 4613 Custer Street Work #: ( ) 920-682-8282  
 City Manitowoc State WI Zip(+4) 54221-0245

4 State Credentials: Dwelling Contractor #: 080600185 - 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 <u>Hamann Construction Company</u>	Address <u>4613 Custer Street, Manitowoc, WI 54221</u>
From Date <u>August 16, 1986</u> ,	To Date <u>Current</u> ,
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: Commercial and industrial construction. Full general contracting, design-build, remodeling and pre-engineered metal buildings.

Type of construction work you expect to complete in the future: Continue with commercial and industrial work.

7 Have you attended a trade school? yes. If yes, give date, name and address of school(s) attended:  
1985-1986 - Fox Valley Technical College  
150 N. Campbell Road, Oshkosh WI 54902

8 Did you serve an apprenticeship period? yes, If so, state with whom, and dates:  
Carpenter Apprenticeship, LTC Cleveland WI 1988-1991

9 Have you held a City Contractor related license/certification? Yes No If YES, list type and dates: Current 12/26  
General Contractor - License No: C202 - Stephen Hamann

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  
04/21/26  
DATE

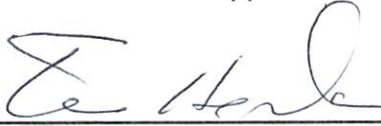
Signature Witnessed by: [Signature]  
Print Witness Name: Connie J. Loose  
Witness Address: 4613 Custer Street  
Manitowoc, WI 54220

**APPLICANT:**

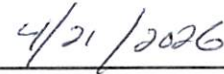
It is important to emphasize the process and procedures provided for in city and state codes for required inspections. Please read the "Required Building Inspections" handout carefully and adhere to the requirements. If a required inspection is not requested of an inspector, a penalty inspection fee 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.**



Applicant Signature



Date of Signature

**Timothy M. Hephner**

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: \_\_\_\_\_