

Customer No.: 2093 Application Date: 5/11/26 Approved: SLC 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 \$ 50 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 _____	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 Joel Middle Initial A Last Name Nyhof  
 Home Address N2259 Pelishek Road Cell #: ( ) 920-377-0579  
 City Adell State Wi Zip(+4) 53001 - \_\_\_\_\_

2 Preferred Email joel@nyhofonline.com

3 Name of Current Employer: Nyhof Custom Gutter and Aluminum, Inc  
 How long have you been employed: years: 24 months: \_\_\_\_\_ Number of employees: 30  
 Business Address 1135 Superior Ave Work #: ( ) 920-564-2525  
 City Oostburg State Wi Zip(+4) 53070 - \_\_\_\_\_

4 State Credentials: Dwelling Contractor #: 049500021 - DC Dwelling Qualifier: 102101102 - DCQ

5 Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?

For <u>Nyhof Custom Gutter and Aluminum, Inc</u>	Address <u>1135 Superior Ave, Oostburg Wi 53070</u>
From Date <u>June 3</u> , 2002	To Date <u>present</u>
For _____	Address _____
From Date _____,	To Date _____,
For _____	Address _____
From Date _____,	To Date _____,
For _____	Address _____
From Date _____,	To Date _____,

6 State in detail type of construction work you have performed: Installation of Gutters, Windows, and Siding. This work entails changing rotten fascia boards, re-framing window openings including header work, and building or reconstructing decks.

Type of construction work you expect to complete in the future: Same type as the last 54 years. This does involve minor Structural work.

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)

Joel Nyhof

Digitally signed by Joel Nyhof  
Date: 2026.05.11 12:52:23 -05'00'

**APPLICANT SIGNATURE**

5/11/2026

DATE

Signature Witnessed by: Austin Wiegand

Print Witness Name: Austin Wiegand

Witness Address: 1135 Superior Ave

Deshburg WI 53070

**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.**

**Joel Nyhof**

*Applicant Signature*

Digitally signed by Joel Nyhof  
Date: 2026.05.11 12:54:48 -05'00'

**Joel Nyhof**

*Date of Signature*

Digitally signed by Joel  
Nyhof  
Date: 2026.05.11 12:55:27  
-05'00'

**Joel Nyhof**

*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:** \_\_\_\_\_