

**BUILDING INSPECTION DIVISION**

828 Center Avenue, Suite 208

Sheboygan, WI 53081-4442

Phone: (920) 459-3477

Fax: (920) 459-0210

buildinginspection@sheboyganwi.govCustomer No.: 4471Application Date: 01/30/2024

Approved: _____

on: _____

----- DO NOT COMPLETE BLANKS ABOVE THIS LINE -----

TO THE BOARD OF LICENSE EXAMINERS OF THE CITY OF SHEBOYGAN, WISCONSIN*Please type or print neatly and legibly in black or dark blue ink - pencil not acceptable. Incomplete applications will be rejected.*

All 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: _____

License		
	Board Meeting	Exam
General Contractor _____	YES	YES
Carpenter <u>X</u> _____	YES	NO
Carpenter-Accessory _____	YES	NO

Certificate	
Moving/Razing _____	Excavating _____
Concrete/Asphalt _____	Masonry _____
Steel Erecting _____	Tuckpointing _____
Roofing _____	Siding _____
Doors/Windows _____	Insulation _____
Drywall _____	Fences _____
Cabinets/Countertops _____	Waterproofing _____

(do not complete this section) in the city of Sheboygan, Wisconsin for the year ending December 31, 20____. The application fee of \$ _____ has been paid to the Building Inspection Division as shown by Receipt Number _____. License/Certificate Fee of \$ _____ is to be made upon application approval for License/Certificate.

All of the following questions/blanks must be completed:

1 First Name Jeff Middle Initial M Last Name Selk
Home Address 3187 Woodridge Court Cell #: () 920-912-0518
City Sheboygan Falls State WI Zip(+4) 53085 - 2944

2 Email jeff@fallsglass.com

3 State Credentials: Dwelling Contractor: In Progress Dwelling Qualifier: _____

4 Current Employer: Falls Glass Service, Inc.

How long have you been employed: 23 years _____ months. Number of employees: 17

Work Address 433 Monroe Street PO Box 123 Work #: () 920-467-3192

City Sheboygan Falls State WI Zip(+4) 53085 - 0123

5 Work Experience: For whom have you worked? How did you gain your construction experience?

For <u>Falls Glass Service, Inc.</u>	Address <u>Same as above</u>
From Date <u>June 2001</u>	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 the type of construction work you have been doing: Installation of Windows, Doors, Fireplaces, Shower Doors, General Repairs

and the type of construction work you expect to do in the future: Same as above

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 ever held a City Construction related license/certification? Yes If YES, list type and dates:

City of Sheboygan Certification for Doors/Windows Since 2017

Have you ever had a City construction related license/certification denied, refused, or revoked?

No

If YES, list date, place 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 Municipal Code? 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 applied for expires at end of current calendar year
- c) It is my responsibility to renew license prior to expiration
- d) It is my responsibility to submit timely a valid Certificate of Insurance

Jeff Selk

Digitally signed by Jeff Selk
Date: 2024.01.30 13:48:50 -06'00'

APPLICANT SIGNATURE

01/30/2024

DATE

Witnessed by: Michelle Christenson

Print Name: Michelle Christenson

Address: 433 Monroe Street

Sheboygan Falls, WI 53085

July 20, 2023

TO ALL BUILDING APPLICANTS:

It is important to emphasize 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 license/certification application and will be kept on file.**

Jeff Selk

Digitally signed by Jeff Selk
Date: 2024.01.30 13:50:22 -06'00'

Building Contractor - *Signature*

01/30/2024

Date

Jeff Selk

Building Contractor - *please print*

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: _____