

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

Phone: (920) 459-3477

Fax: (920) 459-0210 buildinginspection@sheboyganwi.gov

					A STATE OF THE PARTY OF THE PAR
Application No.	39784	Sheboygan,	Wis.,	11-9	, 20 2
Approved by:		on			
1	O THE BOARD OF LICENS	E EXAMINERS OF THE CI	TY OF SHEB	DYGAN, WIS	CONSIN
	(45)	Carpente		Ins?	Hon Carpon
	hereby applies for a to do work at:	Building Co.	upon	±ori	LICENSE/REGISTRATION the City of
	onsin during the year ending D			Oi ii	in the city of
he Application f	ee of \$ 25 \$ 25 has bee	n paid to the Building Inspecti	on Departmen	t as shown by R	eceipt
	License/Registratio	on Fee of \$ is to be	e made upon is	suance of the	
icense/Registrat	ion.				
II of the follow	wing questions must be ans	wered:			
First Name	Steve	Middle Initial	Last Name	Co++	2 4
Home Addres	s 854 Delta	Street			
City	Cleveland	State W I	Zip(+4)	53015	-1582
Date of Birth	8/10/70	Place of Birth	West	Allis,	WI
Are you empl	oyed? Yr S	For Whom? T. Co	ffee	Consi	Proction
	e you been employed by them		_ months.		
		2 @yahou			8020 CONTROL OF THE
Work Addres	854 De 176			The same of the sa	
City	Clevelano	State W #			
State Credent	ials: Dwelling Contractor	DCQ'08210088	3 Dwelling	Qualifier:	C.082/0090
	e you worked as a		?	Answer:	30 years.
	you work during this period?		711	- 1	M. June
Fo	1 1	flernecks Address	- Table 1	J. 117-40	+ /1/a. 1000 ·
Fron Fo	- 101		854	12-14	Street
	2020		^	the second secon	,
	r	Ne course			
Fron	1	, То_			
		0	1 -		1 18
	the type of work you have been				estruction,
Shev h	Garage Cons	tration, Man	ring,	tu telia	Remodels,
and the type o	f work you expect to do in the	future: 54-	<u> </u>		
					enceretamente manerales.



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7	Have you attended a trade school: Yes, give name and address of school(s) attended: Superior Otherwise Did you serve an apprenticeship period? No. If so, state with whom, and give dates:
	Did you serve an apprenticeship period? If so, state with whom, and give dates:
8	Have you ever applied for a City license? If so, give type, place, and date
	Was it granted? Have you ever had a license denied, refused, or revoked?
	If so, explain; giving place and date
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?
	definition of, and can perform the work required under the Municipal Code? . Are you willing to take a written
	examination for a license/registration if required to do so by the BOARD of LICENSE
	EXAMINERS (License application only)?
10	If you are granted a registration/license, will you comply with the Ordinance and its amendments,
	and 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 aLicense/Registration,
	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: Ellise, Rose Selc
	Print Name: Ellise Rose APPLICANT SIGNATURE
	Address: 828 Center Are
	Shelowagen WI 53081
	00



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

11-9-21 Date

Steve Coffee Building Contractor - please print



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

Fax: (920) 459-0210

buildinginspection@sheboyganwi.gov

A	oplication No. Sheboygan, Wis., Jan 5 , 20 2.2
	Approved by: on
	TO THE BOARD OF LICENSE EXAMINERS OF THE CITY OF SHEBOYGAN, WISCONSIN
to	the undersigned hereby applies for a CCIPENTEC LICENSE/REGISTRATION or in the City of seboygan, Wisconsin during the year ending December 31, 20 22.
N	the Application fee of $\$$ has been paid to the Building Inspection Department as shown by Receipt sumber 157875 . License/Registration Fee of $\$$ is to be made upon issuance of the cense/Registration.
A	I of the following questions must be answered:
1	First Name JeSuS Middle Initial J Last Name (ervantes) Home Address 3038 S 22nd St Phone # (920) 377 6598 City She boygan State WI Zip(+4) 53081
2	Date of Birth 01 122/1975 Place of Birth Durango, Mexico
3	Are you employed? Ves For Whom? Nemak How long have you been employed by them years a months. email September of the improvements a grain. com Work Address Phone # 1920 3776598 City Sheboggan State WI Zip(+4) 53081
4	State Credentials: Dwelling Contractor: Dwelling Qualifier:
5	How long have you worked as a Casperter ? Answer: 25 years. For whom did you work during this period? (List only the last 10 years) For AIPILE (Orywall) Address 1941 ASMAND Ave Sheboygan From 2005 - , 2011 To WF 53081 , For Jesus (etuantes Address 3038 S 2210 St From 1996 - , 2022 To She boyan WI 53681 For Address To She boyan WI 53681
6	State in detail the type of work you have been doing: Intrior/Exterior Painting. Drywall Wood Pergolus Wood Decks, Fencing and the type of work you expect to do in the future: Salu as above



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7	Have you attended a trade school: No. If yes, give name and address of school(s) attended:
	NA
	Did you serve an apprenticeship period? No. If so, state with whom, and give dates:
	NA
	UA:
3	Have you ever applied for a City license? Yes If so, give type, place, and date Department, She boygan WF, 2016 - 2017
	Was it granted? Ye > Have you ever had a license denied, refused, or revoked? NA Have you ever had a license denied, refused, or revoked? NA
10	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 license/registration if required to do so by the BOARD of LICENSE EXAMINERS (License application only)? If you are granted a registration/license, will you comply with the Ordinance and its amendments, and 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



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1/5/2021

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.

Bailding Contractor - Signature

Building Contractor - please print



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13 2071 Sheboygan, Wis.

From 6-12-99 - PLESCOT To , For Address , From , To , For Address .	Арр	olication No. 51758	Sheboygan, Wis., Dec 13, 2071
The undersigned hereby applies for a to allow him/her to do work at: Sheboygan, Wisconsin during the year ending December 31, 20 The Application fee of \$ has been paid to the Building Inspection Department as shown by Receipt. Number License/Registration Fee of \$ is to be made upon issuance of the License/Registration. All of the following questions must be answered: 1 First Name		Approved by: on_	
The undersigned hereby applies for a to allow him/her to do work at: Sheboygan, Wisconsin during the year ending December 31, 20 The Application fee of \$ has been paid to the Building Inspection Department as shown by Receipt. Number License/Registration Fee of \$ is to be made upon issuance of the License/Registration. All of the following questions must be answered: 1 First Name		TO THE BOARD OF LICENSE EX	AMINERS OF THE CITY OF SHEROYGAN WISCONSIN
to allow him/her to do work at: Sheboygan, Wisconsin during the year ending December 31, 20 The Application fee of \$ has been paid to the Building Inspection Department as shown by Receipt. Number License/Registration Fee of \$ is to be made upon issuance of the License/Registration. All of the following questions must be answered: 1 First Name		TO THE BOARD OF LICENSE EXA	ANIMERS OF THE CITY OF SHEDOTCARY, WISCONSIN
Sheboygan, Wisconsin during the year ending December 31, 20 The Application fee of \$ has been paid to the Building Inspection Department as shown by Receipt. Number License/Registration Fee of \$ is to be made upon issuance of the License/Registration. All of the following questions must be answered: 1 First Name	The	e undersigned hereby applies for a	General Contractor LICENSE/REGISTRATION
The Application fee of \$			
Number License/Registration. All of the following questions must be answered: 1 First Name MAX Middle Initial Last Name MATCATTER Home Address 2/0/2 MATN ST. Phone # (920) 323 - 7243 City CollENS State WI Zip(+4) 54207 - 6706 2 Date of Birth OBI/2/1981 Place of Birth MANTTOW, WI How long have you been employed by them 22 years we months. email MMATCATTER CALE BUILDING SERVICE COM Work Address 3510 S. 26 St. Phone # (920) 483 Colos State WI Zip(+4) 54200 - 8838 4 State Credentials: Dwelling Contractor: Dwelling Qualifier: 5 How long have you worked as a CARPENTER ? Answer: 1/10 years. For whom did you work during this period? (List only the last 10 years) For ACCE BUILDING SERVICE Address STO S. 26 ST. MANTOWE WI From 6-12-99 - PLESSOT To Address From 6-12-99 - PLESSOT To Address For Maddress For MANTOWE WI Address For Maddress STO S. 26 ST. MANTOWE WI To Address For Maddress From , To Address	Shel	eboygan, Wisconsin during the year ending Decem	nber 31, 20
All of the following questions must be answered: 1 First Name			
All of the following questions must be answered: 1 First Name			e of \$ is to be made upon issuance of the
1 First Name	Lice	ense/Registration.	
Home Address 21012 MATN ST. City Collans State WI Zip(+4) 54207 = (5706) 2 Date of Birth OBI/21/981 Place of Birth MATTONS WI 3 Are you employed? YES For Whom? A.C.E. BURDING SERVICE, INC. How long have you been employed by them 22 years Q months. email MMATGATTER CACE BUTCHING SERVICE, COM Work Address 3510 S. 264 St. City MANITOWNS State WI Zip(+4) 54280 - 8838 4 State Credentials: Dwelling Contractor: Dwelling Qualifier: 5 How long have you worked as a CARPENTER ? Answer: //e years. For whom did you work during this period? (List only the last 10 years) For A.C.E. BUTCHING SERVICE Address From 6-12-99 - PLESSIT TO Address From 7 Address	All	of the following questions must be answere	ed:
Home Address 21012 MATN ST. City Collans State WI Zip(+4) 54207 = (5706) 2 Date of Birth OBI/21/981 Place of Birth MATTONS WI 3 Are you employed? YES For Whom? A.C.E. BURDING SERVICE, INC. How long have you been employed by them 22 years Q months. email MMATGATTER CACE BUTCHING SERVICE, COM Work Address 3510 S. 264 St. City MANITOWNS State WI Zip(+4) 54280 - 8838 4 State Credentials: Dwelling Contractor: Dwelling Qualifier: 5 How long have you worked as a CARPENTER ? Answer: //e years. For whom did you work during this period? (List only the last 10 years) For A.C.E. BUTCHING SERVICE Address From 6-12-99 - PLESSIT TO Address From 7 Address	1	First Name May Mi	iddle Initial R Last Name MATCATTER
State WI Zip(+4) 54207 - 6706 2 Date of Birth OBIZI 1981 Place of Birth MANTOWC WI 3 Are you employed? YES FOR Whom? A C.E. BUILDING SERVICE, INC. How long have you been employed by them 22 years Commonths. email MMATGATTER CACE BUILDING SERVICE Commonths. Work Address 3510 S. 26th St. Phone # (920) 682 6165 City MANTOWOC State WI Zip(+4) 54200 - 8838 4 State Credentials: Dwelling Contractor: Dwelling Qualifier: 5 How long have you worked as a Carpenter ? Answer: //C years. For whom did you work during this period? (List only the last 10 years) For A.C.E. BUILDING SERVICE Address 3510 S. 26th ST. MANTOWCC WI From 6-12-99 - PLESCAT To Address From Address From Address		Home Address 21/1/2 MaiTal ST	Phone # (920) 323 - 7343
Place of Birth OB/2/1981 Place of Birth MANTTONC WI Are you employed? YES For Whom? A.C.E. BURDING SERVICE, INC. How long have you been employed by them 22 years Ce months. email MANTCATTER CACE BUILDING SERVICE. Com Work Address 3510 S. 26 ST. Phone # (920) 682 665 City MANTONOC State WI Zip(+4) 54280 - 8838 4 State Credentials: Dwelling Contractor: Dwelling Qualifier: 5 How long have you worked as a CARPENTER ? Answer: // Le years. For whom did you work during this period? (List only the last 10 years) For A.C.E. BURDING SIZURES Address From 6-12-99 - PLESCUT To For Address From , To Address From Address From Address		City Callans	State WZ Zip(+4) 54207-6706
Are you employed? YES For Whom? A.C.E. BUILDING SERVICE, TWO. How long have you been employed by them 22 years 6 months. email MMAICATTER CACE BUILDING SERVICES COM Work Address 3510 S. 26th St. Phone # (920) 682 6105 City MANTOWOC State WI Zip(+4) 54200 - 8838 4 State Credentials: Dwelling Contractor: Dwelling Qualifier: 5 How long have you worked as a CARPENTER ? Answer: 1/C years. For whom did you work during this period? (List only the last 10 years) For A.C.E. BUILDING SERVICES Address 3510 S. 26th ST. MANTOWCC WILD From 6-12-99 - PLESCHT To , For Address From , To , For Address From , To , Address			1
How long have you been employed by them 22 years (e months. email MMATCATTER & ACE BUTLDING SERVICES COM Work Address 3510 S. 26 St. Phone # (920) 682 6105 City MANETOWOC State WT Zip(+4) 54280 - 8838 4 State Credentials: Dwelling Contractor: Dwelling Qualifier: 5 How long have you worked as a CARPENTER ? Answer: //e years. For whom did you work during this period? (List only the last 10 years) For ACE BUTLOW SURVEY Address 3510 S.26 ST. MANTIQUE WT. For Address From , To , For Address			
email MMATGATTER & ACE BUTLDING SERVINES. Com Work Address 3510 S. 26th St. City MANETOWNOC State WIT Zip(+4) 54200 - 8838 4 State Credentials: Dwelling Contractor: Dwelling Qualifier: 5 How long have you worked as a CARPENTER ? Answer: //e years. For MANETOWNO SERVINES Address 3510 S. 26th ST. MANETOWNOC WITH From 6-12-99 - PLESCONT To , For Address From , To , For Address From , Address			
Work Address 3510 S. 26th St. City MANETOWOC State WE Zip(+4) 54280 - 8838 4 State Credentials: Dwelling Contractor: Dwelling Qualifier: Phow long have you worked as a CARPENTER ? Answer: //e years. For whom did you work during this period? (List only the last 10 years) For A.C.E. BELDING SEQUECE Address 3510 S. 26th ST. MANETOWCE WE From 6-12-99 - PRESENT To , For Address From , To , For Address Address		How long have you been employed by them _<	22 years <u>Ce</u> months.
State W Zip(+4) 54260 - 8838 4 State Credentials: Dwelling Contractor: Dwelling Qualifier:		email MMAICATTER @ AC	LE BUILDING SERVICE, COM
4 State Credentials: Dwelling Contractor: Dwelling Qualifier:		Work Address 3510 S. 264 ST.	Phone # (920) 682 6105
For whom did you work during this period? (List only the last 10 years) For A.C.E. B.J.L.D.T.C. S.E.D.L.E.G. Address 3510 S. 26 S. T. MANTIOL.C.C. U.T. From 6-12-99 - PLESCOT TO , For Address From , To , For Address		City MANETOWOC	State <u>WZ</u> Zip(+4) <u>54280 - 883</u> 8
For whom did you work during this period? (List only the last 10 years) For A.C.E. B.J.C.D.D.C. S.E.D.C.C.E.E. Address 3570 S. 24 S.T. MANTTOLICE WILL From 6-12-99 - PLESCOT To	4	State Credentials: Dwelling Contractor:	Dwelling Qualifier:
For whom did you work during this period? (List only the last 10 years) For A.C.E. BUTLING SURVEGE Address 3570 S. 24 ST. MANTTOUCE WI From 6-12-99 - PLESCOT To , For Address	5	How long have you worked as a CARDEN	? Answer: /Ce years.
From 6-12-99 - PLESCOT To , For Address From , To , For Address		For whom did you work during this period? (List	t only the last 10 years)
For Address From , To , For Address			
From		From 6-12-99 - PRESIGN	<u>√7</u> То,
For Address		For	Address
		From,	То,
From To		For	Address
, , , , , , , , , , , , , , , , , , , ,		From,	То,
Λ			Λ
6 State in detail the type of work you have been doing:	6	1 2	Ding: COMMERCIA / INDUSTRIA
GENERAL CONTRACTOR	S. -		
and the type of work you expect to do in the future:		and the type of work you expect to do in the futu	ire: SAME



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building in spection@sheboyganwi.gov

7	Have you attended a trade school:	If yes, give name and address of school(s) attended:
	Did you serve an apprenticeship period? YE	S_, If so, state with whom, and give dates:
8	Have you ever applied for a City license?	NO If so, give type, place, and date
	Was it granted? If so, explain; giving place and date	Have you ever had a license denied, refused, or revoked?
9	Sheboygan, Wisconsin, pertaining to the Lice definition of, and can perform the work requi	nents to date which were passed by the Common Council of the City of nse/Registration you are applying for? <u>US</u> . Are you familiar with the ired under the Municipal Code? <u>US</u> . Are you willing to take a written license/registration if required to do so by the BOARD of LICENSE
10	If you are granted a registration/license, will and with the orders of the Inspector?	you comply with the Ordinance and its amendments,
	All Applications requiring Board of License Examin	ners approval must be submitted by 3 rd Wednesday prior to scheduled meeting.
		APPLICANT SIGNATURE



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October 26, 2001

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BUILDING INSPECTION DEPARTMENT

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Building Contractor - Signature

Date

Building Contractor - please print

8/4/2021 BoardDocs® Pro

MINUTES

BOARD OF LICENSE EXAMINERS - 5:00 PM (Tuesday, August 3, 2021)

Generated by Gary Van Auken on Wednesday, August 4, 2021

1. OPENING OF MEETING

Action, Procedural: 1.1 Roll Call

Procedural: 1.2 Call to Order

Board Members Present: Ald. Markus Savaglio, Craig Seider, Todd Thone, Dan Zelm

Staff/Officials Present: Building Inspector Pat Eirich (Secretary)

Others Present: Chad Reichelt

Procedural: 1.3 Pledge of Allegiance

Procedural: 1.4 Introduction of Commission members and staff

2. MINUTES

Action, Minutes: 2.1 Approval of Minutes - June 1 & June 15, 2021

Motion by Dan Zelm, seconded by Todd Thone to approve the minutes of June 1, 2021 and June 15, 2021

3. ITEMS FOR ACTION

Action: 3.1 Contractor #48754 - Chad D Reichelt - General Contractor

Motion by Dan Zelm, seconded by Todd Thone to grant taking General Contractor exam. Motion carried. Motion by Dan Zelm, seconded by Craig Seider to grant city General Contractor license. Motion carried.

4. NEXT MEETING DATE

Action: 4.1 Next scheduled meeting October 5, 2021 at 5:00 p.m.

Motion by Dan Zelm, seconded by Todd Thone to have next meeting on October 5, 2021 at 5:00 p.m. Motion carried.

5. ADJOURN

Action: 5.1 Motion to Adjourn

Motion by Dan Zelm, seconded by Todd Thone to adjourn at 5:10 p.m. Motion carried.