



**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: \_\_\_\_\_ Approved by: \_\_\_\_\_ 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.*

The undersigned hereby applies for a **TEMPORARY HEATING, VENTILATION, & AIR CONDITIONING** license to perform work at address: \_\_\_\_\_

in the city of Sheboygan, Wisconsin. The Temporary License Fee of **Two Hundred** dollars (**\$200.00**) has been paid to Building Inspection as shown by Receipt Number \_\_\_\_\_.

**All of the following questions/blanks must be completed:**

**1** First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell #: (    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip(+4) \_\_\_\_\_ - \_\_\_\_\_

**2** Email \_\_\_\_\_

**3** State Credentials: HVAC Contractor: \_\_\_\_\_ HVAC Qualifier: \_\_\_\_\_

**4** Current Employer \_\_\_\_\_

How long have you been employed: \_\_\_\_\_ years \_\_\_\_\_ months. Number of employees: \_\_\_\_\_

Work Address \_\_\_\_\_ Work #: (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip(+4) \_\_\_\_\_ - \_\_\_\_\_

**5** Work Experience: For whom have you worked (List last 10 years)? How did you gain your HVAC work 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 \_\_\_\_\_, \_\_\_\_\_

**6** State in detail the type of HVAC work you have been doing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and the type of HVAC work you expect to do in the future: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7 Have you attended a trade school: \_\_\_\_\_. If yes, give date, name and address of school(s) attended:

\_\_\_\_\_

8 Did you serve an apprenticeship period? \_\_\_\_\_, If so, state with whom, and dates: \_\_\_\_\_

\_\_\_\_\_

9 Have you ever held a City HVAC related license? \_\_\_\_\_ If YES, list type and date. \_\_\_\_\_

\_\_\_\_\_

Have you ever had a City HVAC related license denied, refused, or revoked? \_\_\_\_\_ If YES, list date and reason:

\_\_\_\_\_

10 Have you read the HVAC 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? \_\_\_\_\_. Are you familiar with the definition of, and can perform the work required under the Municipal Code? \_\_\_\_\_.

11 If you are granted a license/certification, will you comply with the Ordinance and its amendments, and with the orders of the Inspector? \_\_\_\_\_.

**I, the applicant, mentioned in the foregoing application for a City of Sheboygan Temporary HVAC License, 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 granted temporary HVAC license.**

***I, the applicant, acknowledge:***

- a) Receipt of City Ordinance Chapter 12 Article V - HEATING AND VENTILATION
- b) Temporary HVAC License expires at end of completed work at reported location
- c) It is my responsibility to submit timely Certificate of Insurance.

\_\_\_\_\_

**APPLICANT SIGNATURE**

\_\_\_\_\_

DATE

Witnessed by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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