

# **CITY OF CODY CONTRACTORS' BOARD**

## **AGENDA**

Thursday, November 21, 2019 - 12:00 p.m.

Meeting Place: City Hall Conference Room, 1338 Rumsey Avenue, Cody, WY

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### **A. PROCEDURAL**

1. Call to Order
2. Roll Call, excused members
3. Approval of Agenda for November 21, 2019
4. Approval of Minutes for the September 26, 2019 – Regular meeting

### **B. CONTRACTOR'S LICENSE**

Review the following new contractor applications for the following:

**1. Buffalo Bill Center of the West (BBCOW) – David Bryant**

Application for Commercial: Demolition, Drywall, and Framing, 2019 Contractors License.

Proposed Projects:

Action: Review and discuss – Approve, Deny, or Table application

**2. Cody Regional Health – Dustin Danielson**

Application for Commercial: Mechanical / HVAC, 2019 Contractors License.

Proposed Projects:

Action: Review and discuss – Approve, Deny, or Table application

### **C. Approved Contractor License**

1. BBCOW – Electrical – Low Voltage
2. BBCOW – Mechanical/HVAC
3. Western States Contracting – Structural Concrete
4. Avalanche Mechanical – Mechanical/HVAC
5. Air Butler Heating and Cooling – Mechanical / HVAC
6. Peerless Electrical – Electrical
7. Indoor Quality Air – Mechanical / HVAC

**E. Matters from Board Members:** (announcements, comments, etc.)

**F. Staff Comments:**

**G. Public Comments:** The City Contractors' Board welcomes input from the public. In order for everyone to be heard, please limit your comments to five (5) minutes per person.

**H. Adjourn**

**CITY OF CODY**  
**CONTRACTORS' BOARD MEETING**  
**September 26, 2019**

A regular meeting of the City of Cody Contractors' Board was held in the Conference Room of City Hall in Cody, Wyoming on Thursday, September 26, 2019 at 12:00 p.m.

Present: Chairman Mike Kelly; Heidi Rasmussen; Jake Schrickling; Gene Kelly; Ray Lozier; Sean Collier, Building Official; Josh Dollard, Assistant Building Official; Bernie Butler, Administrative Coordinator.

Absent: Wes Werbelow, Dave Schlosser, Andy Cowan, Troy Kincheloe

Chairman Mike Kelly called the meeting to order at 12:04 p.m.

Jake Schrickling made a motion, seconded by Heidi Rasmussen, to approve the agenda for the September 26, 2019 regular meeting. Vote was unanimous, motion carried.

Gene Kelly made a motion, seconded by Heidi Rasmussen, to approve the minutes with corrections, from the August 22, 2019 regular meeting. Vote was unanimous, motion carried.

Sean Collier reviewed the Contractor Application for Precision Floors & Remodeling, applying for a residential demo, drywall, fencing, insulation, siding, and framing license. Jake Schrickling made a motion to approve the license, seconded by Gene Kelly. Vote was unanimous.

Building Official Sean Collier had previously approved the following contractors for a license:

1. B.H. Inc. – General License
2. B.H. Inc. – Electrical License

There being no further business to come before the board, Ray Lozier made a motion, seconded Gene Kelly to adjourn the meeting. Vote was unanimous, motion carried. Chairman Mike Kelly adjourned the meeting at 12:24 p.m.

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Bernie Butler, Administrative Coordinator



**CITY OF CODY  
SPECIALTY CONTRACTOR  
LICENSE APPLICATION**

|                                 |  |
|---------------------------------|--|
| STAFF USE                       |  |
| Invoice: _____                  |  |
| Date Submitted: _____           |  |
| Previously Licensed? <u>Y/N</u> |  |

Applicant's Name (Qualifier): DAVID BRYANT Business Name: BUFFALO BILL CENTER OF THE WEST  
 Physical Address: 720 SHERIDAN AVE City: CODY State: WY Zip: 82414  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: 307-578-4094 Cell: 307-250-2611 Email: daveb@centerofthewest.org

Before completing the section below, please read the contractor licensing regulations, found in Title 9, Chapter 3 of the City of Cody Code (attached and/or available online at: [www.cityofcody-wy.gov/111/Municipal-Code](http://www.cityofcody-wy.gov/111/Municipal-Code)).

**Category of License Requested: (Minimum Experience in Parenthesis)**

**This column is for work on any type of building or structure:**

**This column is for work on residential buildings or structures subject to the IRC, only:**

- Asbestos Abatement (24 months)
- Commercial Fire Suppression Systems (36 months)
- Commercial Railings (24 months)
- Conveyor Systems (36 months)
- Demolition (24 months)
- Drywall (24 months)
- Elevator Installation (48 months)
- Fencing (6 months)
- Framing (48 months)
- Ground stabilization/mud jacking (24 months)
- Insulation (24 months)
- Masonry (48 months)
- Refrigeration (24 months)
- Roofing (24 months)
- Sheet metal installation (24 months)
- Siding (24 months)
- Sign/Awning Installation (24 months)
- Steel fabrication/erection (48 months)
- Structural Concrete (48 months)
- Stucco/Plaster (12 months)
- Underground Utilities—sewer, water, conduit (12 months)
- Windows/Glass glazing (12 months)

- Fire Suppression Systems (6 months)\*
- Demolition (6 months)\*
- Drywall (6 months)\*
- Fencing (3 months)\*
- Framing (12 months)\*
- Insulation (6 months)\*
- Masonry (6 months)\*
- Roofing (6 months)\*
- Sheet metal installation (6 months)\*
- Siding (6 months)\*
- Structural Concrete (6 months)\*
- Stucco/Plaster (6 months)\*
- Windows/Glass glazing (6 months)\*

\* Minimum experience need not be provided if the person has passed an ICC or State of WY exam for the trade, or if the Building Official or Contractor's Board is otherwise satisfied that the person has the knowledge and training necessary to perform the work in a competent manner.

(Over)

**Work History:** Provide a resumé of your personal work history demonstrating that you have the minimum relevant experience required and otherwise have the knowledge, skills and proficiency to perform the type of work requested. Include contact information for your employer(s) or the building official(s) where the work was performed. You may use the attached "Work History" form if you do not have a resumé with the information requested.

**Insurance:** Provide an insurance certificate from your insurance company indicating that your company has liability insurance in the amounts noted below, and which insurance certificate lists the City of Cody as a "certificate holder" (not "additional insured").

- Bodily injury liability insurance coverage of not less than one million dollars per person/occurrence; and,
- Property damage liability insurance coverage of not less than one million dollars for each occurrence.

**Fee:** The application must be accompanied by the \$150.00 application fee. Payment may be made to the City of Cody by cash, check, or credit card (Visa, MasterCard, Discover).

**Certification:** By signing this application form, I certify that:

- 1) I have read and understand the City of Cody Contractor Licensing Ordinance (Title 9, Chapter 3 of the City of Cody code) and agree to comply with the requirements thereof;
- 2) The information contained in this contractor license application and associated documents submitted herewith is true and accurate; and,
- 3) I understand that failure by me, or my employees while under my supervision, to comply with the requirements of the City of Cody Contractor Licensing Ordinance, including failure to obtain all required permits and inspections, is grounds for suspension and revocation of my contractor license.

Signed this 16 day of OCTOBER, 2019.

Name of Business: BUFFALO BILL CENTER OF THE WEST

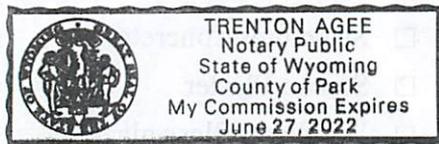
By: [Signature]

Title/Office: CARPENTER

STATE OF WYOMING )  
COUNTY OF PARK )

The foregoing instrument was acknowledged before me by Dave Bryant  
this 16<sup>th</sup> day of October, 2019.

Witness my hand and official seal.



[Signature]  
Notary Public

My Commission Expires: June 27, 2022

**Contractor Licensing Board Review:**

Review of this application includes an interview by the Building Official and/or Contractor Licensing Board. If Board review is required, they typically meet the 4th Thursday of each month at noon in the City Hall conference room (1338 Rumsey Avenue). Applications requiring Board review should be submitted at least ten days prior to the meeting. You may schedule an interview with the Building Official by calling (307) 527-3469, or emailing either Sean Collier at [scollier@cityofcody.com](mailto:scollier@cityofcody.com) or Bernie Butler at [bernieb@cityofcody.com](mailto:bernieb@cityofcody.com)

**Office Use Only:**

- Contractor license authorized as requested this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, Building Official.
- Application referred to Contractor Licensing Board. Meeting date: 10/24/2019

**WORK HISTORY:**

Provide your personal work history to demonstrate that you have the minimum experience required and the knowledge, skills and proficiency needed to act in the capacity of a general contractor. Include only periods of active employment. Feel free to include any additional information or exhibits such as a work portfolio or project photos.

**Employer #1 (current/most recent)**

Name of Employer: BUFFALO BILL CENTER OF THE WEST

Dates of Employment: MAY 12, 2008 to CURRENT Number of months of active employment: 138

Position(s) Held/Primary Duties:

CARPENTER

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: RICH HERMAN City: COOT State: WY Phone # or email: 578-4086

**Employer #2**

Name of Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Number of months of active employment: \_\_\_\_\_

Position(s) Held/Primary Duties:

Contact Information for Employer, or Building Department(s) in jurisdiction(s) where work was performed if you were self-employed:

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone # or email: \_\_\_\_\_

Use additional sheet(s) as needed to show minimum months of experience required.





CITY OF CODY  
PLUMBING CONTRACTOR AND  
MECHANICAL/HVAC CONTRACTOR  
LICENSE APPLICATION

|                                 |
|---------------------------------|
| STAFF USE                       |
| Invoice: _____                  |
| Date Submitted: _____           |
| Previously Licensed? <u>Y/N</u> |

Applicant's Name (Qualifier): Dustin Danielson Business Name: Cody Regional Health  
Physical Address: 707 Sheridan Ave City: Cody State: WY Zip: 82414  
Mailing Address: 707 Sheridan Ave City: Cody State: WY Zip: 82414  
Phone: \_\_\_\_\_ Cell: 320-424-1232 Email: ddanielson@codyregionalhealth.org

Before completing the section below, please read the contractor licensing regulations, found in Title 9, Chapter 3 of the City of Cody Code (attached and/or available online at: [www.cityofcody-wy.gov/111/Municipal-Code](http://www.cityofcody-wy.gov/111/Municipal-Code)).

**Category of License Requested:**

- Master Plumbing Contractor** (To perform plumbing work (including fuel gas) within all types of buildings and structures.)

Attach certification showing you have passed the International Code Council Exam for "Master Plumber with Fuel Gas". (Also requires 48 months of experience.)

- Plumbing Contractor—IRC** (To perform plumbing work within buildings and structures regulated by the International Residential Code.)

Either attach certification showing you have passed the International Code Council Exam "F26 National Standard Residential Plumber" (also requires 12 months of experience); or, show you have at least 36 months of experience that demonstrate the knowledge, skills, and proficiency to perform work of this nature.

- Master Mechanical/HVAC Contractor** (To perform mechanical/HVAC work within all types of buildings and structures.)

Either attach certification showing you have passed the International Code Council Exam "Master Mechanical" (also requires 24 months of experience); or, show you have at least 48 months of experience that demonstrate the knowledge, skills, and proficiency to perform work of this nature.

- Mechanical/HVAC Contractor—IRC** (To perform mechanical/HVAC work within buildings and structures regulated by the International Residential Code.)

Either attach certification showing you have passed the International Code Council Exam "F26 National Standard Residential Mechanical" (also requires 12 months of experience); or, show you have at least 36 months of experience that demonstrate the knowledge, skills, and proficiency to perform work of this nature.

**Work History:** Provide a resumé of your personal work history demonstrating that you have the *minimum* relevant experience required. Include contact information for your employer(s) or the building official(s) where the work was performed. You may use the attached "Work History" form if you do not have a resumé with the information requested.

(Over)

**Insurance:** Provide an insurance certificate from your insurance company indicating that your company has liability insurance in the amounts noted below, and which insurance certificate lists the City of Cody as a "certificate holder" (not "additional insured").

- Bodily injury liability insurance coverage of not less than one million dollars per person/occurrence; and,
- Property damage liability insurance coverage of not less than one million dollars for each occurrence.

**Fee:** The application must be accompanied by the \$150.00 application fee. Payment may be made to the City of Cody by cash, check, or credit card (Visa, MasterCard, Discover).

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- 1) I have read and understand the City of Cody Contractor Licensing Ordinance (Title 9, Chapter 3 of the City of Cody code) and agree to comply with the requirements thereof;
- 2) The information contained in this contractor license application and associated documents submitted herewith is true and accurate; and,
- 3) I understand that failure by me, or my employees while under my supervision, to comply with the requirements of the City of Cody Contractor Licensing Ordinance, including failure to obtain all required permits and inspections, is grounds for suspension and revocation of my contractor license.

Signed this 12 day of November, 2019.

Name of Business: Cody Regional Health

By: [Signature]

Title/Office: Plant Ops Tech III

STATE OF WYOMING )  
COUNTY OF PARK )

The foregoing instrument was acknowledged before me by Dustin Danielson  
this 12 day of November, 2019.

Witness my hand and official seal.



Utana Dye  
Notary Public

My Commission Expires: May 6, 2023

**Contractor Licensing Board Review:**

Review of this application includes an interview by the Building Official and/or Contractor Licensing Board. If Board review is required, they typically meet the 4th Thursday of each month at noon in the City Hall conference room (1338 Rumsey Avenue). Applications requiring Board review should be submitted at least ten days prior to the meeting. You may schedule an interview with the Building Official by calling (307) 527-3469, or emailing either Sean Collier at [scollier@cityofcody.com](mailto:scollier@cityofcody.com) or Bernie Butler at [bernieb@cityofcody.com](mailto:bernieb@cityofcody.com)

**Office Use Only:**

Contractor license authorized as requested this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, Building Official.

Application referred to Contractor Licensing Board. Meeting date: 11/21/19



**YELLOWSTONE**  
INSURANCE EXCHANGE, RRG

**CERTIFICATE OF INSURANCE**

This Certificate is issued as a matter of information only and confers no rights upon any party. This Certificate does not serve to interpret, amend, modify, extend or alter the terms, conditions or other provisions of the policies provided below or any Declarations Page issued in connection therewith. This Certificate does not, in any way, represent or warrant the appropriateness of coverage under such insurance.

|   |  |
|---|--|
| <p><b>Named Insured</b></p> <p>West Park Hospital District dba Cody Regional Health<br/>707 Sheridan Ave<br/>Cody, WY 82414</p> | <p><b>Certificate Holder</b></p> <p>City of Cody<br/>1338 Rumsey Avenue<br/>Cody, WY 82414</p> |
|---|--|

**COVERAGES:** This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies, or as set forth in the Declarations page issued in connection therewith. Limits shown below may have been reduced by paid claims or expenses as applicable. Nothing herein shall be construed to confer any rights upon any party.

| TYPE OF INSURANCE   | POLICY INFORMATION   | LIMITS  |  |
|---|--|---|--|
| <b>Hospital Professional Liability</b>                        | Policy Number: YIE1009WY04-16PL<br>Effective Date: 01/01/2019<br>Expiration Date: 01/01/2020<br>Retroactive Date: 01/01/2018 | Each Claim Made Limit:<br>Aggregate Limit:<br><br>For each claim made including defense cost:   | \$1,000,000<br>\$3,000,000   |
| <b>Commercial General Liability</b><br><br><b>Claims Made</b> | Policy Number: YIE1009WY04-16GL<br>Effective Date: 01/01/2019<br>Expiration Date: 01/01/2020<br>Retroactive Date: 01/01/2018 | Each Claim Made Limit:<br>Personal & Advertising Injury Limit:<br>General Aggregate Limit:<br>(including Products-Completed Operations):<br>Products-Completed Operations Aggregate Limit:<br>Fire Damage Limit (Any One Fire):<br>Medical Expense Limit (Any One Person):<br><br>For each claim made including defense cost: | \$1,000,000<br>\$1,000,000<br>\$1,000,000<br>\$1,000,000<br>\$100,000<br>\$5,000 |

*Description of Operations/Special Item: Coverage is limited to the scope of the Certificate Holder's duties for the Named Insured and limits are shared with the Named Insure while working within the scope of his/her duties for the hospital only.*

**CANCELLATION:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing Company will endeavor to mail (10) days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the Company, or its officers, directors, agents, employees or representatives.

|  |
|--|
| <p><b>Producer</b> Yellowstone Insurance Exchange, A Risk Retention Group<br/>Operations Address: 4301 Hillsboro Pike, Suite 310, Nashville, TN 37215</p>                                |
| <p><b>Authorized Representative</b>  <b>Date:</b> 01/01/19</p> <p><i>On behalf of Yellowstone</i></p> |

# STATE OF MINNESOTA

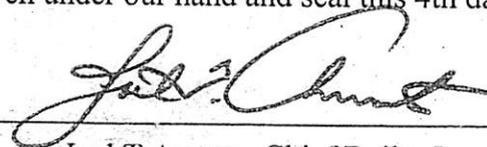
Department of Labor and Industry  
Code Administration and Inspection Services  
Boiler Inspection

## CHIEF ENGINEER - GRADE A

This is to certify that **DUSTIN DANIELSON** has been duly examined and found to be qualified to take charge of and be responsible for the safe operation and maintenance of all classes of boilers, engines, or turbines and their appurtenances of unlimited horsepower and is hereby licensed as a **CHIEF ENGINEER - GRADE A** under the laws of this state, provided this license is not revoked or expired.

Given under our hand and seal this 4th day of April, 2006.

By \_\_\_\_\_



Joel T Amato, Chief Boiler Inspector



# Dustin Danielson

Cody, WY 82414  
dustindanielson211978@gmail.com  
320-424-1232

Willing to relocate to: Wyoming  
Authorized to work in the US for any employer

## Work Experience

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### **Plant Operations Tech III**

Cody Regional Health - Cody, WY  
Present

### **SENIOR OPERATING ENGINEER (part-time)**

University of Minnesota Morris (UMM) - Morris, MN  
January 2016 to May 2019

- Perform technical and skilled duties involved in maintaining UMM boiler system. Operate, maintain, monitor and repair high- and low-pressure steam boilers and related equipment.
- Maintain and efficiently operate 1 high pressure boiler and 3 low pressure boilers
- Effectively startup and shut down boilers as need for campus steam load.
- Switch from gas to oil when required, maintain entire steam plant and related equipment, operate and maintain gasifier and equipment, safely startup and shut down campus gasifier, monitor and adjust fuel on walking floor, monitor entire ash conveying system, monitor gas temperatures at all stages of combustion.
- Maintain boiler water chemistry, check boiler and makeup water chemistry, add proper chemicals to boiler and makeup water, maintain softener, de-alkalize, and RO system, operate, adjust, and calibrate automated blow down controllers, start/stop, and make necessary changes on campus HVAC equipment.

### **BOILER OPERATOR**

FACILITY MAINTENANCE - Alexandria, MN  
June 2011 to May 2019

- Maintain and efficiently operate 3 high pressure boilers, air compressors, cooling towers, chiller system, sewer treatment system, reverse osmosis system, water softeners and water carbon filter at a production facility that operates 24 hours a day, 365 days per year.
- Perform general facility maintenance including changing out ballasts and light bulbs, painting, fixing walls and doors, snow blowing and shoveling snow in the winter months.
- Responsible for piping, plumbing, greasing bearings, checking and changing belts and pulleys, motor vibration checks, changing air filters, and electrical troubleshooting.
- Maintain and rebuild pumps, electric motors and rooftop HVAC equipment.
- Handle and transfer chemicals for boilers and cooling tower systems, daily chemistry checks of boilers and cooling towers, switching boilers over from natural gas to propane when required.
- Assist in inventory control of spare parts using COGZ system.
- Maintain records and produce work orders on equipment and building with the use of COGZ system

## **MAINTENANCE ENGINEER**

Pope/Douglas Solid Waste Management - Alexandria, MN  
July 2004 to May 2011

- Maintained and repaired all equipment of a 150 ton per day Waste to Energy incinerator that operates 24 hours a day, 365 days per year.
- Operated 3 high pressure boilers in the absence of the shift boiler operator.
- Repaired Material Recycling Facility/recycling center equipment.
- Implemented and participated in a preventive and corrective maintenance program encompassing the overall Waste to Energy/Material Recycling Facility/Ash Landfill building, equipment, and grounds.
- Directed assigned personnel to specific job duties.
- Worked closely with High Pressure Boiler Engineer and Crane Operator.
- On-call 24 hours a day, when scheduled.
- Performed corrective and preventive maintenance tasks on incinerator fire boxes, boilers, economizers, baghouses, continuous emissions monitoring systems, air compressors, reverse osmosis system, water softeners and water carbon filter.
- Repaired and rebuilt pumps, fans, 3-ton overhead crane, all ancillary equipment, and Material Recycling Facility equipment.
- Operated loaders, forklifts, scissor lifts, man lifts and landfill equipment. Responsible for implementation of directives issued on maintenance and repair activities.
- Recommended procedures and schedules of maintenance activities.
- Troubleshoot and repaired control and power circuits.
- Troubleshoot and repaired instrumentation.
- Performed welding repairs.
- Repaired and maintained facilities, building, and equipment.
- Assisted in inventory control of spare parts.
- Maintained records and produced reports on machinery history, equipment status, and building maintenance.

## **OVERHEAD CRANE/CONTROL ROOM OPERATOR**

Pope/Douglas Solid Waste Management - Alexandria, MN  
July 1999 to July 2004

- Operated 3-ton overhead crane.
- Mixed, stacked and burned trash at prescribed rate in waste combustor.
- Efficiently operated waste combustor to minimize excess pollution.
- Operated computers and continuous emissions monitoring equipment.

## **Education**

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### **High School Diploma**

Minnewaska High School

Alexandria Technical College