

CITY OF CODY CONTRACTORS' BOARD

AGENDA

Thursday, June 25, 2020 - 12:00 p.m.

A. PROCEDURAL

1. Call to Order
2. Roll Call, excused members
3. Approval of Agenda for June 25, 2020
4. Approval of Minutes for the June 4, 2020 – Regular meeting

B. CONTRACTOR'S LICENSE

Review the following new contractor applications for the following:

1. Ram Rock Masonry – Clint Nieman

Application for Specialty License: Masonry, Veneer, and Siding
Proposed Projects:

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

C. Approved Contractor License

1. GM Customs Exterior – Stucco and Masonry
2. M&M Specialties, Inc. - Drywall
3. 509 Construction – Drywall, Framing, and Concrete
4. Air Controls – Billings, Mechanical / HVAC
5. Bauer Construction – Drywall, Insulation, and Demo

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

E. Staff Comments:

F. 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.

G. Adjourn

The public is invited to attend all Contractors' Board meetings. If you plan to attend or need special accommodations to participate in the meeting, please call the City office at (307)527-7511 at least 24 hours in advance of the meeting to make arrangements.

CITY OF CODY
CONTRACTORS' BOARD MEETING
June 4, 2020

A regular meeting of the City of Cody Contractors' Board was held by phone conference on Thursday, June 4, 2020 at 12:07 p.m.

Present: Jake Schrickling, Ray Lozier, Wes Werbelow, Mike Kelly, Heidi Rasmussen, Todd Evans, Building Official Sean Collier; Assistant Building Official Josh Dollard, Admin Coordinator Bernie Butler

Absent: Dave Schlosser, Troy Kincheloe, Gene Kelly, Andy Cowan

Ray Lozier called the meeting to order at 12:07 p.m.

Mike Kelly made a motion, seconded by Jake Schrickling, to approve the agenda for the June 4, 2020 meeting. Vote was unanimous, motion carried.

Mike Kelly made a motion, seconded by Jake Schrickling, to approve the minutes from the April 23, 2020 meeting with corrections. Vote was unanimous, motion carried.

Sean Collier reviewed the Contractor Application for Rustic Fly specialty license. The application was for residential demo, drywall, framing, insulation, roofing, and concrete license. Mike Kelly made a motion, seconded by Jake Schrickling to approve the license. Vote on the motion was unanimous, motion carried.

Sean Collier reviewed the Contractor Application for Twin Creek Fencing specialty license. The application was for a fencing license. Mike Kelly made a motion, seconded by Wes Werbelow to approve the license. Vote on the motion was unanimous, motion carried.

Sean Collier reviewed the Contractor Application for KMG Commercial Refrigeration, LLC specialty license. The application was for a refrigeration license. Heidi Rasmussen made a motion, seconded by Todd Evans to approve the license. Vote on the motion was unanimous, motion carried.

Sean Collier reviewed the Contractor Application for Lasting Impressions specialty license. The application was for a structural concrete license. Jake Schrickling made a motion, seconded by Mike Kelly to approve the license. Vote on the motion was unanimous, motion carried.

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

1. Pinnacle Construction - Roofing
2. Olson Concrete Construction, LLC – Structural Concrete
3. Blue Aspen Enterprises – Electrical
4. Wiggins Construction, LLC – Framing, drywall, roofing, windows, siding
5. JR's Plumbing – Plumbing, Mechanical HVAC
6. Signature Communications, Inc – Fire Alarm Systems
7. Murphy Insulation, Inc. – Insulation
8. Sehnert Systems, Inc. – General Contractor

There being no further business to come before the board, Mike Kelly made a motion, seconded Todd Evans to adjourn the meeting. Vote was unanimous, motion carried. Meeting was adjourned at 12:28 p.m.

Bernie Butler, Administrative Coordinator

DRAFT



CITY OF CODY
SPECIALTY CONTRACTOR
LICENSE APPLICATION

STAFF USE
Invoice:
Date Submitted:
Previously Licensed? Y/N

Applicant's Name (Qualifier): Clint Nicma Business Name: Ram Rock
Physical Address: 3038 Hardpan AVE City: Cody State: WY Zip: 82414
Mailing Address: P.O. Box 1962 Unit A City: Cody State: WY Zip: 82414
Phone: 605-216-2437 Cell: Email: Ramrockmasonry@gmail.com

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).

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 veneer (only?) (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.

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 1 day of 6, 2020.

Name of Business: Ram Rock Masonry

By: Clara

Title/Office: Mason/owner

STATE OF WYOMING)

COUNTY OF PARK)

The foregoing instrument was acknowledged before me by Clinton James Nieman
this 1st day of June, 20 20.

Witness my hand and official seal.



My Commission Expires: May 6, 2023

Utane Dey
Notary Public

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 or Bernie Butler at 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: _____

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: Nieman Masonry

Dates of Employment: 6 of 2018 to Current

Number of months of active employment: 24

Position(s) Held/Primary Duties: ^{Stone} Mason / all aspects of Stone cladding some block and Brick

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

Name: Clint Nieman City: Aberdeen State: SD Phone # or email: 605-216-2437

Employer #2

Name of Employer: Dakota Country Masonry

Dates of Employment: 2013 to 2014

Number of months of active employment: 12

Position(s) Held/Primary Duties: Stone mason
Some

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

Name: Roland Eckardt City: ~~_____~~ State: SD Phone # or email: 605-216-2036

Aberdeen

Called & talked 6/17
SC

Called & left msg 6/5

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

Employer #3

Name of Employer: BSH Masonry

Dates of Employment: 2006 to 2008

Number of months of active employment: 24

Position(s) Held/Primary Duties: Laborer/Lift driver

*only
not even veneer comp/tes. SC*

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

Name: Varad Becker City: Aberdeen State: SD Phone # or email: 605-226-2215

Need a better #

Called & left msg c/l7

Employer #4

Name of Employer: ~~XXXX~~ Jensen

Dates of Employment: 2001 to 2003 ish

Number of months of active employment: 16

Position(s) Held/Primary Duties: Laborer/Lift driver

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

Name: Brad Nicmar City: Sioux Falls State: SD Phone # or email: 605-906-5212

605-330-0033

Called @15

*Called & talked Commercial veneer only
c/l7/20 SC*



CITY OF ABERDEEN

123 South Lincoln Street
Aberdeen, SD 57401-4215

FINANCE DEPARTMENT
(605) 626-7012
FAX (605) 626-3527
www.aberdeen.sd.us

July 31, 2018

NIEMAN MASONRY
CLINTON NIEMAN
1107 16TH AVE SW
ABERDEEN SD 57401

Account # 09397

Your Business License for the period July 31, 2018 - December 31, 2020 is attached.



CITY OF ABERDEEN

Aberdeen, South Dakota

2020
LICENSE NO.
09397

LICENSE RESIDENTIAL BLDG CONTRACTOR

NIEMAN MASONRY
1107 16TH AVE SW
ABERDEEN SD 57401

ISSUE DATE:
EXPIRES: 12/31/2020



Finance Officer

7/31/2018
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Plus 405 NW 8th Avenue PO Box 1540 Aberdeen SD 57401	CONTACT NAME: Mary McGregor Heier PHONE (A/C, No, Ext): (605) 225-4270 E-MAIL ADDRESS: mary@ins-plus.com	FAX (A/C, No): (605) 225-4217
	INSURER(S) AFFORDING COVERAGE	
INSURED Nieman Masonry Clint Nieman 1107 16th Ave Sw Aberdeen SD 57401	INSURER A: Acuity	NAIC # 14184
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1971608730 **REVISION NUMBER:**

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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZA7541	07/24/2019	07/24/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Cody Wyoming	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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