

Wisconsin Department of Safety and Professional Services  
Trades Credentialing Unit  
PO Box 78780  
Milwaukee, WI 53293-0780

Credential Unit  
1400 E. Washington Ave.  
Madison, WI 53703-7082  
Phone: (608) 266-2112  
Fax: (608) 267-0592  
Email: DSPSCredTrades@wi.gov  
Website: www.dsps.wi.gov

SCOTT D KNEPFEL  
SCOTT KNEPFEL ELECTRIC INC  
562 ACADEMY DR  
EDGERTON WI 53534

## This is your new Certification, License, or Registration Card.

ID: 1106799

SCOTT KNEPFEL ELECTRIC INC

Certification, License, or Registration Name  
Electrical Contractor License

Expires  
06/30/22

Wisconsin Department of Safety and Professional Services  
Signature: *Scott Knepfel*

### Directions for Self-laminating Card:

1. Sign the card.
2. Peel card from liner slowly.
3. Replace card signature side down in window.
4. Punch card through back sheet.

To view details about your credential or continuing education, visit the Department website at [www.dsps.wi.gov](http://www.dsps.wi.gov).

\*\*\* Please check your credentials to see if they require continuing education prior to your next renewal.\*\*\*

Please review the information on the card. If errors or discrepancies are found, you may contact the Department at 608-266-2112 or email DSPSCredTrades@wi.gov, and provide your ID number printed on the card. The Department should be notified of changes in addresses as they occur. Notification of address changes is the responsibility of the credential holder.

A renewal notice will be sent to the address on file about 30 days before the expiration date of each credential indicated on the card. Renewals are contingent upon compliance with the requirements specified in Wisconsin Administrative Code SPS305.

LIC

~~XXXXXXXXXX~~

NAME ROCK HVAC 1264696  
100 4009 Felland Rd EXP 8-7-21  
Madison WI #107  
mail - www.ROCKHVAC.COM

NAME TRIGGS PLUMBING MP 222246  
MAIL TRIGGS@triggsplumbing.net  
ADD 1723 Beld ST Madison WI 53713

NAME SCOTT KNEPFEL ELE 1106799  
MAIL SCOTT KNEPFEL@CHARTER.NET  
ADD 562 ACADEMY DR  
EDGERTON, WI 53534

DWELLING CONTRACTOR

Keh Gusner

4204 Jerome ST

Monona WI

kwgusner@gmail.com

608 843-2264



<b>FOR INSPECTIONS CALL:</b> (608) 222-2525		<b>GENERAL BUILDING PERMIT APPLICATION</b> GENERAL ENGINEERING COMPANY OFFICE: (608) 745-4070 FAX: (608) 745-5763				<b>PERMIT #</b>  <b>EXPIRATION DATE:</b>		
<b>Parcel Number:</b> 0710-171-6607-4		<b>Property is Located in</b> Name: Monona <input type="radio"/> Town of <input type="radio"/> Village of <input checked="" type="radio"/> City of				<b>Municipality Number</b> 1 3 - 2 5 8		
<b>PROJECT DESCRIPTION (Submit Building Plans &amp; Site Plan)</b> Replace and relocate a number of washers and dryers. Upgrade select finishes.						Does this project require any additional approvals or permits? <input type="radio"/> yes <input checked="" type="radio"/> no		
<b>Building Project Address:</b> 4513 MONONA DR						<b>Finished Project Value</b> \$		
<b>Zoning District(s):</b> Retail Business	<b>Zoning Permit No.:</b>	<b>Corner Lot</b> <input checked="" type="radio"/> yes <input type="radio"/> no	<b>Bldg. Height</b> Ft.	<b>Setbacks:</b>	<b>Front</b>	<b>Rear</b>	<b>Left</b>	<b>Right</b>
<b>Owner's Name(s)</b> KNG LLC		<b>Mailing Address</b> 4204 JEROME ST MADISON WI 53716				<b>Telephone</b>		
<b>Contractor Name &amp; Type</b>		<b>Licen. / Cert #</b>	<b>Exp. Date</b>	<b>Mailing Address</b>		<b>Telephone &amp; Email</b>		
<b>Construction Contractor</b>						<b>Tel.</b>		
<b>Dwelling Contractor Qualifier</b>				The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.		<b>Email</b>		
<b>HVAC Contractor</b>						<b>Tel.</b>		
<b>Electrical Contractor</b>						<b>Email</b>		
<b>Master Electrician</b>						<b>Tel.</b>		
<b>Plumbing Contractor</b>						<b>Email</b>		
<b>RESIDENTIAL</b> Single Family/Duplex		<b>Addition:</b> <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control						
<b>Detached Accessory Building:</b>		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.						
<b>Remodel:</b>		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.						
<b>Other:</b>		<input type="checkbox"/> Fence <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control <input type="checkbox"/> Electrical Service Upgrade (Amp _____) <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/> _____						
<b>COMMERCIAL</b>		<b>New Commercial Building:</b> _____ Bldg. Sq. Ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control						
<b>Commercial Addition/Alteration:</b>		<input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> HVAC <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Erosion Control 2445 _____ Building Sq. Ft. <input type="checkbox"/> Electrical Service (Amp <sup>400</sup> _____) <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze)						
<b>State of Wisconsin Plan Approval Needed:</b>		<input type="radio"/> yes <input checked="" type="radio"/> no    (Approved plans must be submitted with permit application)						
<b>Zoning – When applicable, owner shall research setback information regarding height, lot coverage, etc. prior to submittal of this application.</b> I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last page of this application. I expressly grant the building inspector or the inspector's authorized agent permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. <b>It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.</b>								
<b>APPLICANT'S SIGNATURE</b> _____						<b>DATE SIGNED</b> 09/19/2018		
<b>APPROVAL CONDITIONS</b> This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.								
<b>BELOW SECTION FOR OFFICE USE ONLY</b>								
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>		<b>PERMIT ISSUED BY:</b>				
Construction \$ _____ Plumbing \$ _____ Electrical \$ _____ HVAC \$ _____ Zoning \$ _____ Other \$ _____ Administrative \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other _____		Name _____ Date _____ Telephone _____ Cert No. _____ Census Code _____					
<b>Total Permit Fee</b> \$ _____				<a href="http://www.generalengineering.net">www.generalengineering.net</a> VER 1/3/2018				