

City of Andover
1609 E Central Ave
Andover, KS 67002



Phone (316) 733-1303

(316) 977-9422

Fax (316) 977-9482

bldg-insp@andoverks.com

CITY OF ANDOVER - APPLICATION FOR CONTRACTOR'S LICENSE

All licenses will expire December 31st of every odd year, unless it is a trade license – in which case, will expire December 31st of every even year. No permits will be issued after December 31st unless license is renewed.

PROOF OF GENERAL LIABILITY OF NOT LESS THAN \$500,000.00 PER OCCURENCE, AUTOMOTIVE LIABILITY & WORKMAN'S COMPENSATION (CERTIFICATE OF INSURANCE) MUST ACCOMPANY THIS APPLICATION UNLESS OTHERWISE ON FILE.

WAIVERS ARE AVAILABLE IF CONTRACTOR DOES NOT CARRY AUTO AND/OR WORK COMP LIABILITY.

CURRENT COPY OF YOUR WICHITA-SEDGWICK CO (MABCD) LICENSE OR YOUR APPLICABLE INTERNATIONAL CODE COUNCIL OR BLOCK & ASSOCIATES COMPETENCY EXAM RESULTS NEEDS TO ALSO ACCOMPANY THIS APPLICATION.

BUILDING LICENSE	Fee	TRADE LICENSE	Fee
CLASS A	\$350	ELECTRICAL*	\$150
CLASS B	\$300	PLUMBING*	\$150
CLASS C-RES. ONLY	\$250	MECHANICAL*	\$150
CLASS D-RES. MAINTENANCE	\$150	MECHANICAL W/ GAS*	\$150
SWIMMING POOL	\$150	SOLID FUEL	\$150
FIRE PROTECTION	\$150	DRAIN LAYER	\$150
LICENSE BY STATE AND/OR LOCAL REGISTRATION			Fee
SIGN			\$35
FENCE			\$35
IRRIGATION			\$35
DRIVE APPROACH			\$35
CELL TOWER			\$35
DEMOLITION			\$35
GRADING			\$35
ROOFING			\$35
MOBILE HOME INSTALLER			\$0

*MUST SUBMIT PROOF OF CONTINUING EDUCATION.

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ FAX _____

E-MAIL _____

BUSINESS CONDUCTED AS: INDIVIDUAL PARTNERSHIP CORPORATION LLC

NAME OF QUALIFIED PERSON _____

E-MAIL _____ PHONE _____

OTHER PERSON(S) AUTHORIZED TO OBTAIN PERMITS & REQUEST INSPECTIONS:

NAME _____ OFFICE OR POSITION _____

NAME _____ OFFICE OR POSITION _____

NAME _____ OFFICE OR POSITION _____

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GENERAL DISCLOSURES:

1. Are there any liens, suits or judgements now pending against you or the business party? Yes No
2. Have you or the organization filed for bankruptcy during the past year? Yes No
3. Have you or the organization previously been denied a license? Yes No
4. Have you or the organization previously had your license revoked? Yes No
5. Are you required by State law to have business coverage for your fleet? Yes No*
6. Are you required by State law to have worker's compensation? Yes No*

*If answered "No,"
exemption waivers are
required.

**LIST THE FULL NAME, TITLE, AND ADDRESS OF INDIVIDUAL OWNER, ALL PARTNERS OR OFFICERS. INCLUDE THE
QUALIFIED PERSON FOR CORPORATE LICENSES WHEN NOT AN OFFICER IN THE CORPORATION:**

Qualified Person/Master Certificate Holder

NAME _____ POSITION _____

ADDRESS _____

Officer/Partner/Co-Owner

NAME _____ POSITION _____

ADDRESS _____

Officer/Partner/Co-Owner

NAME _____ POSITION _____

ADDRESS _____

IN SUBMITTING THIS APPLICATION, I/we understand and agree to see that all construction performed under authorization of my contractor's license is performed to at least the minimum standard of the governing code, as adopted by the City of Andover, Kansas.

I/we certify that the statements contained herein are true to the best of my/our knowledge and belief. I/we understand any falsification of information on this application is justification for revocation of a license.

QUALIFIED PERSON (MUST BE OWNER OR FULL TIME EMPLOYEE) DATE

OFFICER/PARTNER/CO-OWNER DATE

OFFICER/PARTNER/CO-OWNER DATE

OFFICER/PARTNER/CO-OWNER DATE

NOTE: An INDIVIDUAL must sign this application personally. A PARTNERSHIP application must be signed & acknowledged by each member. A CORPORATION application must be signed by an Officer of the Corporation legally authorized to sign corporation documents. The QUALIFIED PERSON who passed examination must always sign.

BLDG-INSP DEPARTMENT ONLY		LICENSE APPROVED BY	ISSUED <input type="checkbox"/>	REFUSED <input type="checkbox"/>
LICENSE				
INSURANCE			DATE	
FEES				