

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](mailto:bldg-insp@andoverks.com)

## CITY OF ANDOVER - APPLICATION FOR CONTRACTOR'S LICENSE

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

(PLEASE COMPLETE BACK SIDE)

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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.**

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