

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 QUALIFIED PERSON _____

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BUSINESS PHONE _____ **CELL PHONE** _____

E-MAIL _____ **FAX** _____

The QUALIFIED PERSON must always sign.

SIGNATURE _____ **DATE** _____

| INSPECTION DEPARTMENT ONLY | | LICENSE | ISSUED | REFUSED |
|----------------------------|--|---------|--------------------------|--------------------------|
| LICENSE | | | <input type="checkbox"/> | <input type="checkbox"/> |
| INSURANCE | | BY | DATE | |
| FEE | | _____ | | |