



CITY OF TOPEKA

Development Services
620 SE Madison Unit 6
Topeka, KS 66607-1118
Tel: (785) 368-3905-#3



Miriam Berke, Manager
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Qualifying Party Verification

I _____ certify that I am the Qualifying Party for _____.
Name of Qualifying Party Name of Company Licensed with COT

I am responsible for any or all work performed by this company to meet and or comply with current building codes.

“Sign below and complete only the area that applies to your license type”

Please **Circle** the following license category that applies to your area of responsibility:

| | | | | | |
|-------------|--------------|----------------|----------|------------|-----------|
| Residential | Commercial I | Commercial II | Concrete | Demolition | Elevator |
| Excavation | Fire Alarm | Fire Sprinkler | Framing | Roofing | Swim Pool |

I understand it is my responsibility to contact the Development Services Office @ 785-368-3905 Opt # 3 in the event my employment is terminated with this company.

Signature of Qualifying Party

Date

This document is to be submitted with new applications.

