

# General Contractor License Application for the City of Topeka

Development Services Division

620 SE Madison - Unit 6, Topeka, Kansas 66607-1118

fillby@topeka.org

Office #785-368-3905-Opt# 3

License Fax # 785-368-0944

kcarr@topeka.org

Permit/Inspection Fax # 785-368-3915

Date of Application

License Description	Qty	New	Total
R1CO Residential Contractor		203.00	
G1CO General Contractor I		253.00	
G2CO General Contractor II		453.00	
BCCO Concrete Contractor		153.00	
DMCO Demolition Contractor		153.00	
EVCO Elevator Contractor		153.00	
EXCO Excavation Contractor		153.00	
RFCO Roofing Contractor		153.00	
FRCO Framing Contractor		153.00	
SPCO Swimming Pool		153.00	
FACO Fire Alarm Contractor		153.00	
FSCO Fire Sprinkler Con.		153.00	
		<b>Total</b>	

**A late fee will apply for all license renewals postmarked after 14th of December.**

Payment Total  
 CK # \_\_\_\_\_ Cash \_\_\_\_\_  
 MO # \_\_\_\_\_ I.T. \_\_\_\_\_

**Qualifying Party**

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Apt. or Lot #: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ SS #: \_\_\_\_\_ DL #: \_\_\_\_\_  
 Zip: \_\_\_\_\_

**A Qualifying Party license holder that works for a Residential, Commercial I & II must earn (8) continuing education hours every year.**

**Business Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 City: \_\_\_\_\_

Business #: \_\_\_\_\_  
 Call Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Business Owner Info:**

Birth Date: \_\_\_\_\_ SS #: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ DL #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Office Use**

**Contractor's are required to have a current Certificate of Insurance on file with the City of Topeka to request permits or inspections. Failure to meet this requirement will cause your license to be inactive. A \$30.00 charge to reinstate your license will be required, provided you show proof of continuous coverage.**

**G1 - 6-22-11**

# ICC Examinations for General Contractor's

Exam ID: 550 Class A = Kansas Standard General Building Contractor.

Exam ID: 551 Class B = Kansas Standard Building Contractor.

Exam ID: 552 Class C = Kansas Standard Residential Building Contractor.

Exam ID: 553 Roofing = Kansas Roofing Contractor.

Exam ID: 367 Concrete = Kansas Concrete Contractor.

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## To Schedule an Exam:

Pearson View 1-877-234-6082 for registration and to take exam or go to their website [www.pearsonvue.com](http://www.pearsonvue.com) to register on-line. There are multiple locations available for testing.

All examinations require a 75%+ passing score.

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## Alternative Educational Certificates Accepted:

We will accept an official transcript for at least 30 hours of coursework from an accredited school in Construction Science, Engineering, or Architectural Degrees. A copy of your college degree or transcript is required. The person with these credentials will be the Qualifying Party and must be working full time for this company.

Exams by Prometric, Thomson-Prometric, Exporior, NAI-Block, and Block will be accepted to be reviewed for compliance. A test score of 75%+ is required with documentation.

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## Important Information

All licenses must be renewed by 14<sup>th</sup> of December to avoid late fees. Only contractor's with Class A, B, or C, licenses are required to obtain (8) continuing education hours to qualify for renewal with the City of Topeka.

Certificates of insurance are required to remain current and a copy provided to this office to avoid your license becoming inactive. After an industry standard (30) day grace period has passed, a \$30.00 reinstatement fee will be required to re-activate your license if a certificate of insurance is not provided to this office on or before the date of expiration. We will accept certificates of insurance by fax, e-mail, or mail.

Change of address notification is a responsibility of the contractor. A \$10.00 return mail fee will be charged to the contractor if notices or license renewals are returned. Please notify us of any change in address as the Postal Service does not forward our mail. Call (785) 368-3905 #3.

## Continuing Educational Hours – Training Calendar

To view offered CEU Classes click on our website Click on = [www.topeka.org](http://www.topeka.org), Click on A-Z, Click on License-Contractor, Click on Training Calendar for Contractors CEU's.

Look for classes that will fill your needs to qualify for your yearly renewal with the City of Topeka.

## Licensing Process

Complete all forms

Include your Passing Certification from ICC with packet. Complete all forms and submit.

Include your Certificate of Liability Insurance with packet. Certificate Holder Section must read as follows: City of Topeka, Development Services, 620 SE Madison Unit 6, Topeka, Ks. 66607

If you are not required to have State of Kansas Workers Compensation Coverage then access our website and download an affidavit. Sign, Notarize and include in fax. Go to our website: [www.topeka.org](http://www.topeka.org), Click on A-Z, Click on License-Contractor, in the middle of the screen and download the appropriate document that applies to your business. Submit this document with your application as well. Fax all documents to 785-368-0944 or e-mail to [lfilby@topeka.org](mailto:lfilby@topeka.org). Contact 785-368-1616 if you have any questions.

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## PAYMENT

You can pay for your license with a credit card (VISA, MC, or Discover). There is a place on the application for you to complete this portion.

If all is correct, the license(s) will be created and mailed with credit card receipt.

You will receive an e-mail when license(s) are completed and you are ready to start work.

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## Contacts with Development Services

You can contact this office to apply for Building Permits @ 785-368-1631.

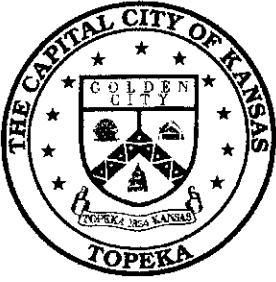
Plan Reviewer = Fran Hug 785-368-1613 or [fhug@www.topeka.org](mailto:fhug@www.topeka.org)

Plan Reviewer = Craig Thornburg 785-368-1612 or [cthornburg@topeka.org](mailto:cthornburg@topeka.org)

To schedule an inspection for next day inspection with Kitty call 785-368-3905 Opt. 1, Hours 8am – 4:00 pm. Customer Service Questions = 785-368-3905 Opt. 3.

Once license is issued – remember to call for you Permits and Inspections that will eventually include your final and Certificate of Occupancy if required.

\*\*\*All trade contractors are to be licensed and pull permits to do work in City.



# CITY OF TOPEKA

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



Miriam Berke, Manager  
Email: mberke@topeka.org  
Fax: (785) 368-3915  
[www.topeka.org](http://www.topeka.org)

## 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.



**CONTRACTOR CERTIFICATION**  
**THAT OCCUPANT OF PRE 1978 PROPERTY HAS BEEN PROVIDED A**  
**“PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME” PAMPHLET**

I, the undersigned mechanical, plumbing, or electrical trade contractor, or commercial or residential contractor, shall provide the occupant of any residence located in the City of Topeka, which was originally constructed before 1978 and for which I obtain a permit for performing work, with a copy of the United States Environmental Protection Agency pamphlet titled, “Protect Your Family from Lead in Your Home.” I understand that failure to provide the referenced pamphlet to an occupant may result in the suspension or revocation of my contractor license.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Printed Name of Contractor

\_\_\_\_\_  
Company Name –Licensed with City

\_\_\_\_\_  
Date

Contact the EPA for pamphlets # 785-368-7154  
1000 SW Jackson, Suite 330  
Topeka, KS 66612

This form must be signed and returned to the Development Service Office for  
your contractor license to be issued

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE REISSUED (YY)  
00/00/00

**PROVIDER**  
INSURANCE AGENCY NAME  
ADDRESS  
CITY, STATE ZIP CODE  
PHONE & FAX NUMBERS

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
CONTRACTOR'S BUSINESS NAME  
BUSINESS ADDRESS  
CITY, STATE ZIP CODE

**INSURERS AFFORDING COVERAGE**  
INSURER A: INSURANCE COMPANY NAME  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC.	POL#xyz0000000	00/00/00	00/00/00	EACH OCCURRENCE TO DAMAGE TO FINISHED PREMISES (Per occurrence) \$ 1,000,000.00 MED EXP (Any one person) \$ 500,000.00 PERSONAL & ADV INJURY \$ 500,000.00 GENERAL AGGREGATE \$ 1,000,000.00 PRODUCTS - COMPOF AGG \$ 500,000.00
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EX ACCIDENT \$ OTHER THAN AUTO ONLY: SA AGG \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				
<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROGRAMS/PAID/UNEMPLOYMENT/COMPENSATION/EXCLUSIONS? If Yes, Specify Under SPECIAL PROVISIONS below	ONLY AS REQUIRED BY KANSAS LAW POL#xyz0000000	00/00/00	00/00/00	EL DISEASE - SA EMPLOYEE \$ 500,000.00 EL DISEASE - POLICY LIMIT \$ 500,000.00

*SAMPLE  
C of I  
Please be sure all areas  
circled are completed.  
Thank you*

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 RESIDENTIAL CONTRACTOR, GENERAL CONTRACTOR I, II, ROOFING, EXCAVATING, ETC. (WHATEVER THE CONTRACTOR IS LICENSED TO DO)

**CERTIFICATE HOLDER**  
 CITY OF TOPEKA  
 DEVELOPMENT SERVICES  
 620 SE MADISON ST UNIT 6  
 TOPEKA, KS 66607-1118

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY RELAYED UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE -  
 SIGNATURE OF INSURANCE AGENT

2/16/09