| City of City Clerk's C | | | | | | | | | |
|--|---|---|---|---------------------|--|--|--|--|--|
| | | | For offi | ice use only: | | | | | |
| 300 W. Ash, P.O. Box 736 | | | Year: | | | | | | |
| Salina, KS 67 | 402-0736 | | License No | D.: | | | | | |
| Salina (785) 309-5735 APPLICATION FOR SPECIALTY CONTRACTOR LICENSE NEW APPLICATION | | | | | | | | | |
| | License | <u>e Type Please Check One</u> | | | | | | | |
| | | | | | | | | | |
| FRAMERS/ERECTORS HOOD SUPPRESSION/SPRAY BOOTH SUPPRESSION* | | | | | | | | | |
| LAWN/LAI | NDSCAPE IRRIGATION | | ROW CONCRET | E | | | | | |
| | SIG | | | | | | | | |
| | PLEASE TYPI | E OR PRINT ALL INFORMATIO | N | | | | | | |
| | CON | IPANY INFORMATION | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| COMPANY ADDRESS | (Street) | (City) | (State) | (Zip) | | | | | |
| MAILING ADDRESS | (Street) | (City) | (State) | (Zip) | | | | | |
| | | | CELL PHONE | | | | | | |
| COMPANY PHONE | F | AX NUMBER | GLEETHONE | | | | | | |
| | | | | | | | | | |
| | F al Identification Number | AX NUMBER EIN = Employer Identification Number | | ial Security Number | | | | | |
| | | EIN = Employer Identification Number | | ial Security Number | | | | | |
| PROVIDE ONE: FIN = Federa | al Identification Number | EIN = Employer Identification Number | SSN = Soc | ial Security Number | | | | | |
| PROVIDE ONE: FIN = Federa | al Identification Number | EIN = Employer Identification Number OW | SSN = Soc | | | | | | |
| | al Identification Number | EIN = Employer Identification Number | SSN = Soc | al Security Number | | | | | |
| PROVIDE ONE: FIN = Federa | al Identification Number | EIN = Employer Identification Number OW | SSN = Soc | | | | | | |
| PROVIDE ONE: FIN = Federa OWNERS NAME NAME OF INSURANCE COMPANY AGENT'S ADDRESS | al Identification Number INSU (LIABILITY) (Street) aa Code Sec. 8-195 a | EIN = Employer Identification Number OW RANCE INFORMATION AGENT'S NAME (City) minimum of \$500,000 of public lia | SSN = Soc NERS PHONE AGENT'S (State) | BPHONE NUMBER | | | | | |
| PROVIDE ONE: FIN = Federa OWNERS NAME NAME OF INSURANCE COMPANY AGENT'S ADDRESS In Accordance with Salin | INSU (LIABILITY) (Street) (Str | EIN = Employer Identification Number OW RANCE INFORMATION AGENT'S NAME (City) minimum of \$500,000 of public lia | SSN = Soc NERS PHONE AGENT'S (State) | BPHONE NUMBER | | | | | |

If the originally designated qualified individual for a provisional building contractor licensee becomes no longer associated with the licensee for any reason (the "date of disassociation") the provisional building contractor license shall terminate and be of no further force or effect. The licensee shall immediately notify the city clerk in writing of the date of disassociation. The licensee shall not be allowed to substitute any other person as the designated qualified individual unless that individual is qualified in accordance with Section 8-175.1. No further permits or inspections shall be granted to the licensee from the date of disassociation until the licensee has designated a qualified individual in accordance with Section 8-173. If the licensee has not designated a qualified individual in accordance with Section 8-173 within thirty days after the date of disassociation, work on all permits previously issued to the licensee shall be suspended until the licensee has designated a qualified individual in A-173.

| QUALIFICATIONS (CHECK ONE) | TestD | Degree Class RA Registration* | | | |
|---------------------------------------|--|--|--|--|--|
| Please complete th | e appropriate s | section with your qualification information. | | | |
| * Specialty Hood Suppression/Spray | Booth Suppressio | ion Contractors are required to submit the Class RA Registration | | | |
| issued by the State of Kansas fire ma | arshal per K.A.R. 2 | | | | |
| | TEQTI | | | | |
| | - | | | | |
| Date Exam Passed: | | PLEASE ATTACH COPY OF TEST CERTIFICATE | | | |
| Did you pass with a minimum of 7 | 5%? 🗌 Yes | No | | | |
| | ed by the State of Kansas fire marshal per K.A.R. 22-10-3. TEST INFORMATION Exam Passed: | | | | |
| Name of Accredited College or Ur | niversity | | | | |
| Date degree received: | | PLEASE ATTACH COPY OF DEGREE CERTIFICATE | | | |
| Which Bachelor's Degree did you | receive? Pleas | se check one: | | | |
| Engineering | Architecture | Construction Science/Management | | | |
| CL | ASS RA REGIS | STRATION INFORMATION* | | | |
| PLEASE ATTACH COPY OF STATI | E REGISTRATION | <u>N CERTIFICATE</u> | | | |
| I hereby certify that the above info | rmation is true a ce of this license | and correct and that I have read and understand the e. If any of the information provided on this application is suspended or revoked. | | | |
| PRINT NAME | SIGNATURE | DATE DATE | | | |
| | For C | Office Use Only | | | |
| Date Application Approved: | | Application Approved/Denied by | | | |
| Date Application Denied: | | Good through <u>12/31/</u> | | | |
| Amount Paid \$ Receipt No | Da | ate:Received By: | | | |



It is unlawful for any person to erect, construct, enlarge, alter, repair, move, improve, remove, convert or demolish any building or structure in the city, or cause the same to be done unless such person has been validly licensed with the city to perform such work.

The license categories along with the test or degree qualifications are listed:

| Specialty Contractor - License Required | | | | | | | | | |
|--|--|-------|--|---|----------|-----------|--|--|--|
| Contractor Categories | Work | Term | Qualified Individual Test | Qualified Individual Degree | Cont. Ed | Insurance | | | |
| Concrete Ord.12-10662, 10/15/12 Sec. 8-172, Chart 1 | on-site forming and placing of concrete for building walls, columns and self-supporting floors or roofs and for retaining walls requiring building permits and construction of sidewalks, driveways, curbs and gutters location in any city right-of-way. | 3 yrs | Thompson Prometric Concrete | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| Framers or erectors | Rough framing or structural and non-structural building components such as walls, floors and roofs using wood or metal | 3 yrs | Thompson Prometric Carpentry OR Thompson Prometric Structural Erection | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| Roofing | installation, repair and replacement of roof coverings, including roof deck insulation and nonstructural roof decking | 3 yrs | Thompson Prometric Roofing OR ICC Roofing | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| Masonry | placement of brick, stone, block and other masonry products for building walls, structural or veneer, and for retaining walls requiring building permits | 3 yrs | Thompson Prometric Masonry | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| Fire Sprinkler | installation, maintenance, alteration and repair of fire sprinkler / suppression systems and related fire protection equipment. | 3 yrs | NICET Level III Fire Sprinkler System Layout | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| Fire Alarm and Communication | installation, maintenance, alteration and repair of fire alarm systems and related fire protection equipment | 3 yrs | NICET Level III Fire Alarm | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| Demolition | demolition and removal of buildings and structures | 3 yrs | Thompson Prometric Demolition | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| Sign | installation, alteration and repair of permanent signs | 3 yrs | Thompson Prometric Sign Installation, Non- Electric | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| ROW Concrete (driveways and sidewalks) (paving contractor) | construction of sidewalks, driveways, curbs and gutters located in any city right-of-way | 3 yrs | Thompson Prometric Paving | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| Swimming Pool | installation and repair of permanent in-ground or above- ground swimming pools as defined by city code | 3 yrs | Thompson Prometric Unlimited Swimming Pool | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| Lawn/Landscape Irrigation Contractor | Installation of lawn/landscape irrigation systems | 3 yrs | Thompson Prometric Irrigation Sprinkler | Bachelor's Degree in Engineering, Architecture, Construction Science or Construction Management | No | 500K | | | |
| Hood Suppression & Spray Booth Suppression Contractor | Installation of hood suppression/spray booth suppression | 3 yrs | Class RA Registration iss K.R.A. 22-10-3 | sued by state fire marshal per | No | 500K | | | |

In order to obtain a Specialty contractors license, the applicant must be or must employ a Qualifying Party. A Qualifying Party shall meet the qualification requirement by one of the following means for all categories with the exception of Hood Suppression/Spray Booth Suppression Contractors:

- (a.) Obtain the appropriate certificate of competency for the class of license being sought with a minimum score of 75% from Prometric or the equivalent tests as administered by the International Code Council; or
- (b.) Hold a bachelor's degree in engineering, architecture, construction science or construction management from an accredited college or university;

Direct question regarding available testing to the Development Services Department at (785) 309-5715.

Insurance Requirements:

Provide Certificate of Liability Insurance listing the City of Salina, P.O. Box 736, Salina, KS 67402-0736 as the Certificate Holder with the following coverage:

- General Liability Insurance \$500,000 minimum (per occurrence)
- Worker's Compensation Insurance, if required by state law.

Application Requirements in order to obtain a license:

- Completion of an application form; obtained by one of the following ways:
 - Pickup at the City Clerk's Office, 300 West Ash, Room 206
 - Via the City of Salina website at <u>www.salina-ks.gov</u>. Hold cursor over Departments then click on Finance & Administration, click on applications on the left hand side of the page, go part way down the screen to Contracting.
- License Fee payable to the City of Salina
- Provide copy of Bachelor Degree Certificate, Transcript or Test Certificate.
- The Qualifying Individual needs to read and sign the Qualifying Individual section located at the bottom front page of the application
- Provide Certificate of Insurance listing the City of Salina, P.O. Box 736, Salina, KS 67402-0736 as the Certificate Holder with the following coverage:
 - General Liability insurance \$500,000 minimum (Per occurrence).
 - Workers Compensation, if required by state law.

To be exempted from the license requirements one of the following must apply:

- (1) A bona fide owner of a single-family dwelling being used exclusively as the owner's dwelling or the portion of a single family attached dwelling being used exclusively as the owner's dwelling, including the usual accessory buildings, need not be licensed to perform work on or to obtain any required building permits for such dwelling and any associated accessory structures provided that said owner personally purchases and installs all material used in the construction, and further provided all other portions of this chapter are adhered to. The same shall apply to a new dwelling. When a permit is issued to an owner under this exemption, the exemption shall not be granted to the owner for any other address for a period of 1 year from the date the permit was issued. This exemption shall not preclude the requirement that all paid subcontractors hired by the owner must be licensed;
- (2) For buildings and structures other than those identified in exception (1), a property owner or their designated agent may apply for and obtain a building permit provided that before such permit is issued the applicant must furnish the name and license number of the licensed building contractor who will act as the general contractor to satisfy the requirements of this Article. Should the designated contractor change during the course of construction, the owner or the owner's designated agent shall immediately notify the Building Official in writing, and the building permit shall be suspended until a new building contractor is designated by the owner or the owner's agent.
- (3) The property owner or persons who are regularly employed by the property owner, when work performed on the owner's property does not require a permit,
- (4) Persons working on any property owned by the State of Kansas or the federal government.
- (5) A skilled licensed contractor when performing any work within the scope of their license as defined in this Article.
- (6) Any person who has a currently valid mobile home craftsman license issued by the city while performing repairs or replacements to the systems located within a mobile home under the provisions of Article IV of Chapter 22;

Performing work without a proper license is a violation of the Salina City Code and may result in criminal misdemeanor charges being filed in Salina Municipal Court.

For Additional Information Contact: City of Salina – Department of Finance/City Clerk's Office P.O. Box 736, Salina, KS 67402-0736 PHONE (785) 309-5735 FAX (785) 309-5738 EMAIL certofins@salina.org