



**miami county, kansas**  
**building inspection department**

201 South Pearl Street, Suite 201 Paola, Kansas 66071-1777  
phone: (913) 294-4145 fax: (913) 294-9545

**CONTRACTOR LICENSE APPLICATION**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Type of Work/Business: \_\_\_\_\_

Circle the type of contractors license you are applying for:

- |                        |                    |                    |                    |                     |
|------------------------|--------------------|--------------------|--------------------|---------------------|
| Class A<br>General     | Class B<br>General | Class C<br>General | Class D<br>General | Class MH<br>General |
| Master Electrician     |                    | Master Mechanical  |                    | Master Plumber      |
| SPECIAL TRADE: Class S |                    |                    |                    |                     |
| Foundation             | Roofing            | Site Utility       | Sign Contractor    | Fire Protection     |

Total Years Experience: \_\_\_\_\_

Other City/Counties you possess a license for similar work: \_\_\_\_\_

I understand that Miami County, Kansas has adopted and will enforce the 2006 Edition of the IBC, IRC, IMC, IPC, IFGC, IFC and the 2005 Edition of the NEC, and agree to comply with these requirements and all other applicable local, state and federal regulations. To the best of my knowledge, the above information is true and correct.

**Please note** that an original certificate of insurance is required to be submitted with all applications for contractor licenses. Applicants for Class A, B, C, Master Electrician, Plumbing and Mechanical shall submit certification test results.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE:**

Application Fee: **\$50.00** \_\_\_\_\_

Insurance Expiration Date: \_\_\_\_\_

License Fee: \$ \_\_\_\_\_

Test/Certificate: \_\_\_\_\_

**Total Fees:** \_\_\_\_\_

Date Paid: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_