

CITY OF LAWRENCE

Neighborhood Resources Dept., Plan Review/Licensing Division
1 Riverfront Plaza, Suite 110, Level 1
P.O. Box 708
Lawrence, Kansas 66044
(785) 832-7700 Fax (785) 832-3110
www.lawrenceneighres.org

TRADE SPECIALTY LICENSING-2007 Class E, Electrical, Mechanical, Plumbing, and Fireplace

ITEMS REQUIRED FOR APPLICATION SUBMITAL :

Trade Contractor:

- **Annual License Fee** – Each license is \$200.00. If applicant holds a contractor's license with Johnson County, upon proof of license annual fee will be \$65. Fees are non-refundable.
- **Completed Application Form** pages 3-6.
- **Proof of General Liability and Workmen's Compensation Insurance** – Every contractor except a contractor who has an "inactive license" shall keep in force a policy of general liability insurance, including completed operations coverage. Such insurance policy shall be written with an insurance company licensed to do business in the State of Kansas. Class E contractors shall maintain general liability coverage in an amount not less than \$500,000 per occurrence single limit for bodily injury and property damage. In addition, every such contractor shall procure and maintain workmen's compensation insurance as required by law. A contractor, at the time of licensing, shall provide the City of Lawrence Neighborhood Resources Department with an original certificate of insurance verifying the insurance coverage required. See page 2 for insurance verification requirements.
- **Disclosure** – The contractor-applicant shall disclose, at the time of application, any current or previous contractor license(s) held in Kansas or any other state and any disciplinary actions taken against such contractor-applicant. If the contractor-applicant is employed by/or a principle of a firm, the applicant shall disclose whether the firm or the firm's employees or principals have had any contractor-applicant disciplinary action taken against them in Kansas or any other state. No license shall be issued to any contractor-applicant who has had a license suspended or revoked for disciplinary reasons, or who has surrendered a license during any disciplinary proceeding or investigation, within the immediately preceding five years. Any contractor-applicant denied a license under the provision of this section may appeal such denial to the CLB.

LICENSE DESCRIPTIONS:

Mechanical Contractor

A Class E Mechanical Contractor shall be a licensed Master or have his or her employee a licenses Master on a full-time employment basis. Before the issuance of a contractor's license, the applicant shall submit the address of his or her place of business, business telephone number, the name of the designated master and other information as may be required on forms provided by the Plan Review/Licensing Division and shall pay all relevant fees. **Requires six (6) years experience within the trade.** Class E license shall entitle the holder thereof to perform HVAC services such as the installing or servicing mechanical systems.

Plumbing Contractor

A Class E Plumbing Contractor shall mean a person who has worked at the trade for a period of at **least six (6) years; three (3) years as a journeyman plumber** and has

passed a creditable examination as a Master Plumber or has a Master Plumber in his or her employ. A Class E license shall entitle the holder thereof to perform services such as the installing and servicing of plumbing systems.

Electrical Contractor

A Class E Electrical Contractor shall be a certified Master Electrician or a firm employing a certified Master Electrician or a person licensed as a contractor prior to July 1, 1986. A Class E license shall entitle the holder thereof to perform electrical services such as the installation and servicing of electrical systems. **Requires six (6) years experience within the trade.**

Fireplace Contractor

A Class E Mechanical Fireplace Contractor shall be a licensed Master or have as his or her employee a licensed Mechanical Fireplace Master on a full-time employment basis. Before the issuance of a contractor's license, the applicant shall submit the address of his place of business, business telephone number, the name of the designated Master and other information as may be required on forms provided by the Plan Review/Licensing Division and shall pay all relevant fees. A Class E Mechanical Fireplace Contractor license shall entitle the holder thereof to perform work such as installation, service, and maintenance of factory-built fireplace systems. Mechanical Fireplace Contractor work shall be limited to contracting, installation, service, and maintenance of factory built fireplace systems. **Requires six (6) years experience within the trade.**

LICENSE REQUIREMENTS:

- NO CONTRACTOR LICENSE MAY BE TRANSFERRED OR REASSIGNED.
- ALL MASTERS HOLDING A CONTRACTOR'S LICENSE MUST COMPLETE EIGHT (8) HOURS OF CONTINUING EDUCATION PER YEAR, PER LICENSE (Education opportunities are provide by Contractor Licensing, Johnson County, Kansas throughout the year).
- ALL CONTRACTOR LICENSES WILL EXPIRE DECEMBER 31 OF EACH CALENDAR YEAR.

INSURANCE VERIFICATION REQUIREMENTS:

The contractor shall be required to maintain and carry in force for the duration of the contract, insurance coverage of the types and minimum liability as set forth below.

All Class E contractors shall submit an original certificate of insurance. The certificate holder on the Certificate of Insurance shall be as follows:

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General Liability -. Class E contractors shall maintain general liability coverage in an amount not less than \$500,000 per occurrence single limit for bodily injury and property damage.

Worker's Compensation and Employer's Liability - Worker's Compensation as required by State Statutes. If the contractor is exempt from the Worker's Compensation requirement, the contractor must submit a letter stating the exemption.

Employer's Liability \$100,000 each occurrence. (Include all states endorsements)

Before a license will be issued, the contractor shall furnish to the City of Lawrence, Neighborhood Resources Department with a Certificate of Insurance verifying such coverage.

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TRADE SPECIALTY CONTRACTOR LICENSE APPLICATION

Type of License Applying For: Electrical Mechanical Plumbing Fireplace

Company Name: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Telephone No. _____ Fax No. _____ Cell Phone No. _____

Owner: _____

Name of Insurance Carrier (Liability): _____

Agent's Name: _____ Agent's Telephone No. _____

Name of Insurance Carrier (Workmen's Comp.): _____

Agent's Name: _____ Agent's Telephone No. _____

LICENSED MASTER -

The contractor-applicant (licensed Master) or company shall disclose any current or previous contractor license(s) held in Kansas or any other state and any disciplinary actions taken against such contractor-applicant or company. Attach documentation.

Name _____

Address: _____

State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Qualifications : Examination Grandfather (Master Plumber)

Staff Only

Date Reviewed: _____ Date Approved: _____

Verifiable Years of Experience: Yes No

Copy of Master's test results: Yes No

Copy of Master's drivers license: Yes No

Application Approved By: _____

Print name

Signature

WORKER'S COMPENSATION WAIVER

If the company has no employees, the following statement must be signed by the owner/operator of the Company and witnessed by a Notary.

I, _____, as sole owner/operator of _____ do not have any employees, and therefore requesting to be exempted from carrying worker's compensation. I understand that at any time in the future I employ another individual I must provide Worker's Compensation Insurance Coverage as required by the State of Kansas and furnish City of Lawrence, Neighborhood Resources Department with a Certificate of Insurance.

Signature: _____ Date: _____

STATE OF KANSAS)
) SS.
COUNTY OF DOUGLAS)

BE IT REMEMBERED, that on this _____ day of _____, 200____ Before me, the undersigned, a Notary Public in and for the County and State aforesaid came _____, Who is personally known to me to be the same person who executed the within instrument of writing, and such person duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

Notary Public: _____

My Commission Expires: _____