



Sedgwick County... working for you

# Metropolitan Area Building and Construction Department

271 W. 3rd St. N., Suite 101, Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

NEW \_\_\_\_\_(if new, there is a \$50 application fee) RENEWAL \_\_\_\_\_ INACTIVE \_\_\_\_\_

**CURRENT CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY, AUTO, AND WORKMAN’S COMP MUST BE ON FILE. PLEASE CHECK WITH YOUR INSURANCE AGENT TO ENSURE THAT ALL CERTIFICATES OF INSURANCE ARE CURRENT WITH THIS OFFICE**

All licenses expire December 31<sup>st</sup> of every even year. There is a grace period without penalty through Jan 31<sup>st</sup>. No permits will be issued after December 31<sup>st</sup> unless license and certificate(s) of insurance are renewed.

Biennial license renewals after January 31<sup>st</sup> of the renewal year will be charged the normal license fee plus the following penalty:

- **February 1<sup>st</sup> thru the last day of February** – Normal license fee + 25% of the license fee.
- **After March 31<sup>st</sup>** – Normal license fee + 50% of the license fee.

**To avoid delays in processing, please make all checks payable to MABCD**

*(We also accept Visa, MasterCard or cash)*

MABCD LICENSE FEES	2YRS.	MABCD LICENSE FEES	2YRS
CLASS A	\$1000	ROOFING	\$360
CLASS B	\$600	ROOFING & SIDING	\$360
CLASS C-RESIDENTIAL	\$450	SIDING	\$360
CLASS D – RESIDENTIAL MAINT.	\$360	SIGN	\$360
CELL TOWER	\$360	SWIMMING POOL	\$360
FIRE SPRINKLER	\$360	WRECKING	\$360
MOBILE HOME INSTALLER	No fee*	NOT OTHERWISE CLASSIFIED	\$360

\*Mobile Home Installers are licensed with the State of Kansas and there is no fee for renewal with MABCD. However, all installers must submit a biennial application to update their information for our records

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

BUSINESS CONDUCTED AS: INDIVIDUAL \_\_\_\_ PARTNERSHIP \_\_\_\_ CORPORATION \_\_\_\_ LLC \_\_\_\_

QUALIFIED PERSON WHO PASSED EXAMINATION

NAME \_\_\_\_\_ LICENSE \_\_\_\_\_ E-MAIL \_\_\_\_\_

\_\_\_\_\_

(PLEASE COMPLETE BACK SIDE)

