



OLATHE FIRE DEPARTMENT – BUILDING CODES DIVISION

1225 S. Hamilton Circle Olathe, Kansas 66061

CODES INSPECTIONS & PERMITS

Main Line: (913) 971-9875

Fax Line: (913) 971-9869

CODES COMMUNITY ENHANCEMENT

Main Line: (913) 971-9880

Fax Line: (913) 971-9812

NOTICE OF POLICY CHANGE BUILDING CODES DIVISION

Proof of Johnson County Contractor License and Listed Permittees

As of **February 21, 2012** the Building Codes Division will require all Johnson County licensed contractors and the subcontractors to fill out and sign a Contractor/Subcontractor Permit Commitment Form and provide a photo copy of their Johnson County Contractor license and driver license or other government issued photo ID of the licensed permittee prior to issuance of the permit.

Only contractors and subcontractors and their listed permittees who are in good standing and active according to the Johnson County Contractor License Division will be authorized to complete and sign the Contractor/Subcontractor Permit Commitment Form and allowed to request inspections.

Contractors and subcontractors and those persons listed as permittees shall be responsible for providing valid contractor license and identification upon request by City of Olathe Building Codes personnel.

The purpose of this additional documentation and policy change is to safe guard and provide a higher level of quality control for our citizens, business community, and Johnson County licensed contractors/subcontractors against fraudulent use of their license and information.

Misuse, providing false information and or other violations of this requirement will be subject to any and all enforcement measures by the City of Olathe Fire Department – Building Codes Division.



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CONTRACTOR/SUBCONTRACTOR PERMIT COMMITMENT FORM

Block A.

Check acting role for permit

- General Contractor
- Sub-Contractor

Form Instructions:

1. Place an "X" in the appropriate box in **Block A** for your acting role. If not the General Contractor (GC), list GC information in **Block B**. Subcontractor information should be recorded in **Block C**.
2. Mark an "X" in **Block D** indicating work being performed and list all permittees in **Block E**. (If additional space needed, use reverse side.)
3. Provide brief summary of work being performed in **Block F**. (If additional space needed, use reverse side.)
4. In **Block G** record the property owner's information, and in **Block H** the project site address.
5. Print, sign and date document. Attach copy of government issued **Photo ID** and **Johnson County Contractor License** card upon submittal. If not primary permittees, return to General Contractor for submittal of complete permit packet.

Block B.

Provide General Contractor/Builder, point of contact and phone number if applicable.

| | | |
|---|---------------|-----------------|
| General Contractor or Builder Company Name: | Contact Name: | Contact Number: |
|---|---------------|-----------------|

Block C.

| | |
|----------------------|-----------------|
| Company Name: | Contact Number: |
| JOCO License Number: | |
| Licensee Name: | |
| Address: | |
| City /State/Zip: | |

Block D.

| | | | |
|--------------|----------|--------------------------|----------------------------|
| LICENSE TYPE | Class A | <input type="checkbox"/> | General Contractor |
| | Class B | <input type="checkbox"/> | Building Contractor |
| | Class C | <input type="checkbox"/> | Residential Contractor |
| | Class DE | <input type="checkbox"/> | Electrical Contractor |
| | Class DF | <input type="checkbox"/> | Fire Protection Contractor |
| | Class DM | <input type="checkbox"/> | Mechanical Contractor |
| | Class DP | <input type="checkbox"/> | Plumbing Contractor |
| | Class DR | <input type="checkbox"/> | Roofing Contractor |
| | Class DS | <input type="checkbox"/> | Swimming Pool Contractor |
| | Class DW | <input type="checkbox"/> | Wood Framing Contractor |

Block E.

| LIST ALL AUTHORIZED PERMITTEES PER JCCL | |
|---|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Block F.

| SCOPE OF WORK |
|---------------|
| |
| |
| |
| |

Block H.

| PROJECT SITE ADDRESS | |
|----------------------|--|
| Address: | |
| City/State/Zip: | |
| Township Name: | |
| Subdivision: | |

Block G.

| PROPERTY OWNER | |
|-----------------|--|
| Name: | |
| Address: | |
| City/State/Zip: | |
| Telephone: | |

By signing of this document you as an authorized permittee per Johnson County Contractor License records and for above stated company affirm to abide by and perform and oversee the scope of work as stated above and meet all current adopted building codes, rules and regulations and provide JOCO License information onsite if requested.

Print Name: _____ **Signature:** _____ **Date:** _____