

Application for Inactive Construction Supervisor

Website: www.siouxfalls.org/building

This application must be typewritten or printed in ink.

Applicant Information

Full Name	Date of Birth
Home Address	
City	
State	Zip
Home Phone Number	Mobile Phone Number

Employer Information

Present Employer	
Employer's Mailing Address	
City	
State	Zip
Business Phone Number	Email Address

Oath/Signature

I hereby declare that any statements herein are true and complete, with the same effect as though given under oath.

Applicant's Signature

Date

Space below reserved for office use

Receipt Number _____

List Verified _____

Fees \$ _____

Assigned License Number _____

Date License Mailed _____

**Application Instructions for
Inactive Construction Supervisor**

City of Sioux Falls

General

Applications cannot be processed until the fee is submitted. License processing takes approximately two weeks.

License Application

This form must be fully completed, signed, and dated by applicant.

License Fee

\$25.

Make check or money order payable to the City of Sioux Falls.

Expiration

License expires on March 1 every third year beginning on March 1, 1998.

Mail To

Building Services
Attention: Tonya
224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402
(605) 367-8672

FAX APPLICATIONS

(This section to be completed for application by fax only)

Charge to MasterCard Visa

Card Number # _____

Expiration Date _____ Three- or four-digit security code that is printed on the
backside of the credit card _____

Cardholder's Name (Print name as it appears on card)

Authorized Signature

Date

Fax Number (605) 367-8737