



# **Application Instructions for Inactive Construction Supervisor**

## **City of Sioux Falls**

### **General:**

Persons may apply for and take the construction supervisor's examination, and upon passing examination and paying the appropriate license fees may be issued an inactive construction supervisor's license.

An inactive construction supervisor's license does not allow such persons to do work as a residential building contractor. It does, however, allow such persons to hold a current license with the Building Services department to avoid retesting upon reinstatement of the residential building contractor's license.

License renewal is triennial and continuing education is required once during each licensure period. No inactive construction supervisor shall have his license renewed until he has completed a minimum of one-hour attendance at a course that is approved by the Building Official, or has retaken and passed the construction supervisor's examination and paid the examination and license fee required for a new license.

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:**

\$25.00

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

### **Expiration:**

License expires on March 1 every third year, currently expiring March 1, 2016, then again March 1, 2019.

### **Mail To:**

Building Services  
Attention: Tonya  
224 West Ninth Street  
P.O. Box 7402  
Sioux Falls, SD 57117-7402  
605-367-8672  
thovaldt@siouxfalls.org  
www.siouxfalls.org/building

# FAX/EMAIL APPLICATIONS

*(This section to be completed for application by fax or email only.)*

Charge to:     MasterCard     Visa     Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Three- or four-digit security code that is printed on the back side of the credit card: \_\_\_\_\_

Charge amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Name (print name as it appears on card)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Building Services Licensing  
Fax Number 605-367-8737  
Email: [thovaldt@siouxfalls.org](mailto:thovaldt@siouxfalls.org)**