

CONTRACTOR'S APPLICATION
FOR OWNER OCCUPIED AND PURCHASE REHABILITATION

Please refer to the Contractor Performance Manual, Section I – Requirements (copy attached). Attach copies of the following items:

- 1. Three written references from customers, subcontractors, or material supply houses
- 2. Current Contractor's license or other licensure
- 3. Contractor liability insurance
- 4. Workers Compensation insurance or Exemption
- 5. Resume of previous construction services provided
- 6. Financially responsible officer or authorized to execute contract
- 7. Certification for compliance with city, county, state, federal laws and regulations

A. General Information

Corporate or Business Name: _____

Federal Employer Identification Number: _____

Primary Business Address: _____

Qualifier Name: _____ Title: _____

Office Number: _____ Fax Number: _____

Cell Phone Number: _____ e-Mail Address: _____

B. Data on Contractor and/or Principals:

Name: _____ Telephone Number: _____

Title: _____ Social Security Number: _____

Name: _____ Telephone Number: _____

Title: _____ Social Security Number: _____

- C. The undersigned contracting firm agrees that in consideration of being placed upon the "Approved Contractors List," they have read, understand and will comply with the terms and conditions outlined in the Contractor Manual for all rehabilitation work performed on properties located within the city of Cape Coral.

Authorized Signature

Title

Date