

CUMBERLAND COUNTY COMMUNITY DEVELOPMENT
HOUSING REHABILITATION
707 EXECUTIVE PLACE, PO BOX 1829
FAYETTEVILLE, NC 28302-1829

Application for Contractor's Register

Name of Business _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____

North Carolina General Contractor's License Number (if applicable) _____

Privilege License Number _____

Business Type: Sole Proprietorship _____

Partnership _____

Corporation _____

Tax I.D. or Social Security Number _____

Names of all owners, partners, or stockholders:

Name _____ Title _____

Address _____

Name _____ Title _____

Address _____

Name _____ Title _____

Address _____

Bank Name _____

Address _____

Supplier Name _____ Phone Number _____

Address _____

Contact Person _____

Supplier Name _____ Phone Number _____

Address _____

Contact Person _____

Supplier Name _____ Phone Number _____

Address _____

Contact Person _____

Plumbing Subcontractor _____ Phone Number _____

Address _____

ALL prior or current municipalities that your company has participated in Federally Funded Housing Rehabilitation:

Municipality _____

Contact Person _____

Phone Number _____

Municipality _____

Contact Person _____

Phone Number _____

Municipality _____

Contact Person _____

Phone Number _____

Insurance Coverage: It is necessary that a copy of your insurance policy be submitted as evidence of coverage. Limits of Liability must be in the amount of \$300,000.00 (three hundred thousand and 00/100) or more and your company must be covered by Workmen's Compensation Insurance administered by the State of North Carolina.

Make sure your insurance agent mails your certificate of coverage or copies of your insurance policy to:

Cumberland County Community Development
Housing Rehabilitation
707 Executive Place, PO Box 1829
Fayetteville, NC 28302-1829

Within 10 days of receiving notification of approval for placement on the Contractor's Register, proof of insurance must be submitted to this office for verification.

Signature of this application also denotes receipt of the Cumberland County Rehabilitation Contractors' Handbook and a thorough understanding of its requirements.

BUSINESS: _____

SIGNATURE: _____

TITLE: _____ DATE: _____