



**CITY OF DANVILLE
DEPARTMENT OF COMMUNITY DEVELOPMENT
HOUSING DIVISION**

P.O. BOX 3300
DANVILLE, VA 24543
(434) 799-5260
FAX: (434) 797-8919
TTY: (434) 773-8142

CONTRACTOR'S DATA SHEET

FIRM NAME: _____ CONTACT PERSON _____

BUSINESS ADDRESS: _____

TELEPHONE # _____ (WORK) _____ (HOME)

_____ (CELL) _____ (OTHER)

FEDERAL ID# OR SOCIAL SECURITY # _____

STATE REGISTRATION #	EXPIRATION DATE:
CLASS OF LICENSE: A ___ B ___ C ___ (ATTACH COPY)	
CITY BOND: YES / NO	
SPECIALTIES: (CIRCLE ALL THAT APPLY) BLDG ELE PLBG HVAC LEAD	
OTHER:	

NAME AND ADDRESSES OF ALL OWNERS, PARTNERS, AND, IF A CORPORATION, THE NAMES OF MAJOR STOCKHOLDERS AND/OR OFFICERS:

YEARS IN BUSINESS: _____

LIST THE CONSTRUCTION EXPERIENCE OF EACH OF THE PRINCIPALS:

NAME AND ADDRESSES OF AT LEAST TWO (2) RECENT CLIENTS WHO HAVE HAD REHABILITATION/REMODELING WORK DONE BY YOUR FIRM. REFERENCES SHOULD BE FOR LARGE REMODELING JOBS (**\$10,000 PLUS IF YOU ARE A CLASS A OR B CONTRACTOR**) AND SHOULD INVOLVE SEVERAL SUBCONTRACTORS. PLEASE GIVE COMPLETE ADDRESSES AND PHONE NUMBERS, AS THESE CLIENTS WILL BE CONTACTED.

1. _____
2. _____

NAME AND ADDRESSES OF BANK AND AT LEAST (2) BUILDING SUPPLIERS. PLEASE GIVE COMPLETE ADDRESSES AS THESE REFERENCES WILL BE CONTACTED.

BANK:

1. _____
2. _____

BUILDING SUPPLIER:

1. _____
2. _____

CREDIT REPORT ON COMPANY OR PRINCIPLE INDIVIDUAL OF THE COMPANY

I AUTHORIZE THE CITY OF DANVILLE TO OBTAIN A CREDIT REPORT ON MY COMPANY OR ME.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT ALL INFORMATION GIVEN
HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

1. THAT HE/SHE WILL MAINTAIN IN A CURRENT STATUS ALL LICENSES AND BONDS AS REQUIRED BY THE CITY OF DANVILLE, VIRGINIA.
2. THAT THE WORK WILL BE PERFORMED IN ACCORDANCE WITH THE PROPERTY REHABILITATION STANDARDS, SUBJECT TO A CLEAR, FINAL INSPECTION BY THE PROJECT INSPECTOR.
3. THAT IF WORK PERFORMED BY THE CONTRACTOR IS FOUND TO BE UNSATISFACTORY BY THE ADMINISTERING AGENCY OR IF CONTRACT RELATIONS BETWEEN THE CONTRACTOR, HOMEOWNER OR OTHER PARTIES ARE FOUND TO BE UNSATISFACTORY, THAT THE ADMINISTERING AGENCY MAY REMOVE THE CONTRACTOR'S NAME FROM THE APPROVED LIST, WITH SUCH ACCOMPANYING PUBLICITY AS IT DEEMS NECESSARY.
4. THAT ADEQUATE INSURANCE AND WORKMEN'S COMPENSATION WILL BE PROVIDED, AND THAT IF CONTRACTOR'S INSURANCE LAPSES OR EXPIRES ANY TIME DURING THE PERIOD OF WORK, THE CONTRACTOR'S NAME MAY BE REMOVED FROM THE APPROVEDL LIST.
5. THAT HE WILL ABIDE BY U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT REGULATIONS PERTAINING TO EQUAL EMPLOYMENT OPPORTUNITY.
6. THAT WORK WILL BE DONE IN CONFORMANCE WITH ALL APPLICABLE CODES AND ZONING REGULATIONS.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____