

# **PTRC**

## **Application for Listing on Contractor Register**

## **1-General Information:**

Business N	lame:				
Years Com	pany has been i	n business:	Todays Date:	·	
Ind	ividual: [ ]	Partnership: [ ]	LLC: [ ]	Corporation: [ ]	
Federal Ta	x ID #:				
Telephone	Business: Cell:		Office	::	
Email Addı	ress:		Fax:		
Name &	Address of Al	l Owners, Partn	ers and Stock H	<u>lolders</u>	
(A) Name:				Title:	
Home Add	ress:				
Phone nun	nber:				
(B) Name:				Title:	
Home Add	ress:				
Phone nun	nber:				
2-Type o	of Business	(Check all tha	t apply)		
General Contractor:		_ Plumbing (Licens	se #)		
HVAC (License Number)			_ Electrical (Licens	se Number)	
Siding:	Painter:	Carpenter:	Roofing:	Other:	

### **3-License/Insurance / Certifications**

Contractor Qualifications- Only general contractors who meet the following requirements are eligible to bid and receive awards on projects.

- . North Carolina Contractor's License in good standing
- . Current Liability insurance
- . Current worker's compensation insurance
- . Contractor may not be debarred by HUD or North Carolina
- . Lead contractor's must have current NC certification for abatement (contracts over \$25, 000.00), safe work (contracts under \$25,000.00) and RRP.

NC Builders License #:	
Lead-Based Paint RRP #	Lead Supervisor#

#### **INSURANCE COVERAGE:**

It is necessary that a Certificate of Insurance for each policy be submitted for your Liability and Workmen's Compensation Coverage. Have your insurance agent provide us with a copy.

Submit To: Piedmont Triad Regional Council 1398 Carrollton Crossing Road Kernersville, NC 27284

EMAIL: <a href="mailto:nbeal@ptrc.org">nbeal@ptrc.org</a> /dcorbett@ptrc.org

### **4-Financial**

BANK:			
ADDRESS:			
Contact person:	Phone#		

<sup>\*</sup>Please attach and provide PTRC with copies of all obtained Licenses and Certifications\*

## **5-SUPPLIERS (TRADE REFERENCES)**

Name:		
ADDRESS:		_
ACCOUNT#		_
	Phone#	
Name:		
ADDRESS:		_
ACCOUNT#		
	Phone#	
Name:		
ADDRESS:		_
ACCOUNT#		
	Phone#	
Name:		
ADDRESS:		_
	Phone#	

## **6-References**

Last four (4) Jobs Completed: (Name, Address, Type of Job, phone #, & Completion Date)
Name:
Address:
Type of job
Phone # & Completion Date:
Name:
Address:
Type of job
Phone # & Completion Date:
Name:
Address:
Type of job
Phone # & Completion Date:
Name:
Address:
Type of job
Phone # & Completion Date:

#### **General Conditions**

All contractors will receive a work write-up which consists of all the repairs that shall be performed on the home. The contractor is expected to put a price next to each item. The price should include all labor, materials and equipment. All profits shall be added to the total amount. All sealed bids must be turned in to the Rehabilitation Specialist on or before the specified date and time. All late bids will be rejected. The contractor who presents the lowest and most responsible bid shall be awarded the rehabilitation project.

The awarded contractor will be required to sign a binding contract with the homeowner, Town, County and/or PTRC that has received the grant funding.

The contractor shall submit to the Rehabilitation Specialist a list of all subcontractors used to complete the work. All subcontractors shall have <u>full</u> responsibility for all work.

The contractor is responsible for obtaining all necessary fees and permits which are required before work is begun.

All drawings of floor plans that are included in the work write-ups are diagrammatic only. They do not represent exact dimensions (the measurements).

All materials used shall be new, in good condition and of standard grade (unless otherwise specified). Trade names are used to establish quality and type of materials. When a particular type cannot be obtained, that which is of equal then better quality shall be used.

Any damages resulting from the contractor's work shall be repaired by the contractor at the contractor's expense.

Any changes or additions to the work write-up that the contractor incurs (that is any addition which is necessary to bring the house up to Code which was not included on the work write-up) must be discussed and <u>approved</u> by the Rehabilitation Specialist before the work is performed. The contractor must provide the Rehabilitation Specialist with a cost of the change and/or addition at the time of discussion.

The contractor's work shall be subject to inspection by City/County Building Inspector and/or Rehabilitation Specialist at any time during the rehabilitation of the home.

If the contractor determines that he cannot complete the work within the specified time (according to the contract) due to circumstances beyond his control, he must consult the Rehabilitation Specialist and receive approval for a time extension. Unauthorized delays will be subject to a fine.

#### **GENERAL CONDITION'S CONTINUED**

Upon Completion of the work, the contractor must notify the Rehab Specialist immediately.

All work performed by the contractor shall be guaranteed for the period of one year. If a complaint is received regarding the work and it is determined that the contractor is responsible, he will be required to repair or replace the item in question.

The contractor shall be responsible for cleaning up and removing all debris and waste materials resulting from his work. The premises shall be left in broom-clean condition daily.

The contractor shall abide by the Equal Employment Opportunity provisions of the Civil Rights Act.

A contractor can be removed from the Rehabilitation Specialist's bid list for the following reasons:

- 1- Failure to start and finish jobs on time as set forth in the contract.
- 2- Poor quality work (as determined by the Rehabilitation Specialist and/or Building Inspector).
- 3- Failure to act upon repairing work during the 1 year guarantee period.
- 4- Use of unacceptable materials.
- 5- Not performing duties in a workmanlike manner.
- 6-Failure to adhere to the Scope of work and/or Work write –up.

#### **DEFINITIONS**

REPAIR – To be placed in "equal-to-new" condition.

REPLACE – Remove existing item and put in new item of similar or better quality.

INSTALL – Construct or put in a new item.

If there are any questions on concerns pertaining to this application please reach out to Drew Corbett or Nikia Beal @ 336-904-0300.

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