

# SPARTANBURG HOUSING AFFILIATE AGENCIES

**Construction Service Division**  
**Contact: Nancy McCarley**  
**Phone: 864.598.6023**

## Contractor Eligibility Application

Instructions to Applicants: Complete form by filling in all information. Accompany signed application with a copy of your Certificate of Insurance (which includes proof of workman's compensation for any employees.)

Business Name:		Application Date:
Business Specialty:		Tax ID:
Business Address:		Phone#:
City:	State:	Zip

### ***Principals of Firm***

Name:		Title:	
Home Address:		SS#:	
City:	State:	Zip:	
Education:			
Work Experience:			
Name:		Title:	
Home Address:		SS#:	
City:	State:	Zip:	
Education:			
Work Experience:			

### ***History of the Company***

Number of Years in business:	Number of Employees:
Memberships in any trade or Civic Association:	
Cities in which your firm has perform work:	
Name of Insurance company and Agent (must have a copy of current endorsement):	

### ***Business References***

Suppliers	Material Type	Phone#	Contract
Subcontractor	Trade	Phone	Contact

**PLEASE NOTE: Before your firm will be approved by Construction Service as a contractor, you have to register with Building Safety. You also have to supply Construction Service Division with a copy of your Certificate of Insurance on you Business and on your Auto Insurance for your Business.**

**Customer References**

Name:		Phone:	
Address:			
City:	State:		Zip:
Type of Work Performed:			
Contract Price:		Date Completed:	

Name:		Phones:	
Address:			
City:	State:		Zip:
Type of Work Performed:			
Contract Price:		Date Completed:	

Name:		Phone:	
Address:			
City:	State:		Zip:
Type of Work Performed:			
Contract Price:		Date Completed:	

Name:		Phone:	
Address:			
City:	State:		Zip:
Type of Work Performed:			
Contract Price:		Date Completed:	

Name:		Phone:	
Address:			
City:	State:		Zip:
Type of Work Performed:			
Contract Price:		Date Completed:	

**Agreement**

The undersigned contractor certifies that all information given is correct and further agrees:

1. That all insurance requirement and proper licenses will be maintained as required by the City.
2. That the work will be performed in accordance with all codes, standards, zoning regulations and specification subject to a clear final inspection by the Construction Services Division.
3. That if the work is found to be unsatisfactory by the inspector or if contractual relation between the contractor and homeowner are found to be unsatisfactory, the contractor's name may be remove from the approve list.
4. That I/we will abide by U.S. Department of Housing and Urban Development regulations pertaining to equal employment opportunity.
5. That the Construction Services Division is hereby authorized to verify the company's credit status and any information contained on this application.

**Name of Firm, Ownership** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_