

CONTRACTOR APPLICATION

GENERAL INFORMATION

Company Name: _____	Check One:
Company Address: _____	<input type="checkbox"/> Sole Proprietorship
Business Phone: _____ Tax ID#: _____ Email: _____	<input type="checkbox"/> General Partnership
Principal/Officer: _____ Email: _____	<input type="checkbox"/> Limited Partnership
Personal Address: _____	<input type="checkbox"/> Corporation
Ownership %: _____ Hm/Cell Phone: _____	
Principal/Officer: _____ Email: _____	
Personal Address: _____	
Ownership %: _____ Hm/Cell Phone: _____	

List all Principals who own 25% + of the company.

SUPPLIER REFERENCES

Primary suppliers of lumber, concrete, and mechanical are mandatory for reference.

	NAME	CONTACT	PHONE	EMAIL
1.				
2.				
3.				
4.				

SUBCONTRACTOR REFERENCES

	NAME	CONTACT	PHONE	EMAIL
1.				
2.				
3.				
4.				

Banks: Include banks where you are an approved C/P builder or have construction financing and include depository relationship.

	NAME	CONTACT	PHONE	EMAIL
1.				
2.				
3.				

COMPANY / OWNER EXPERIENCE

1. How many years have you been in the building/remodeling business? _____
2. Check all that apply: Build Remodel Residential Commercial Sub-contracting
3. In what geographical areas (counties)? _____
4. Average project cost per year: _____ Price range of building projects: _____
Project range of remodeling projects: _____
5. Current number of: Presales _____ Specs _____
6. Number of homes this year where you will be contractor? _____
7. Estimated cost of homes in question #6: _____
8. Has the business or its principals ever operated under another name? Yes No If yes, please list all names used in last 2 years: _____

REQUIRED DOCUMENTATION

Please attach the following:

1. Certificates of Insurance:

General Liability, Workers Comp and Builder's Risk Insurance or Name, Address, and Phone of Agent and Provider/Carrier
If you do not have a copy available, your insurance agent may forward this to us.

2. License: Homebuilder's General Contractors or Remodelers License. (Do not send your business license.)

REQUIRED SIGNATURES

The Builder, as an individual and an officer of the building company, hereby authorizes CDC of Tampa to make normal inquiries, including without limitation obtaining supplier references, bank references, and any additional documentation deemed necessary for CDC of Tampa to satisfactorily review the builder for its Construction program. The undersigned hereby certifies that he/she is authorized to do business in the company's name. The undersigned authorizes CDC of Tampa to request updated business financial information on an annual basis or more frequently if necessary.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

CDC REAL ESTATE DEPARTMENT USE ONLY

Reviewed by: _____

Acceptance Date: _____

Check as appropriate below:

The Builder/Remodeler is Accepted
Acceptance Conditions:

Next Review Date: _____

1. Dollar Amount of Acceptance: \$ _____
2. Limited to _____ projects at one time.

The Builder/Remodeler is DENIED

Accepted by: _____

Accepted by: _____

APPLICATION AND CERTIFICATION FOR PAYMENT

ALA DOCUMENT G702

OWNER:

PROJECT:

PAGE ONE OF

TWO PAGES

Distribution to:

OWNER
 ARCHITECT
 CONTRACTOR

CONTRACTOR: _____ ARCHITECT: _____

APPLICATION:
 PERIOD TO:
 PROJECT NOS:
 CONTRACT DATE:

CONTRACT FOR:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract continuation Sheet, ALA Document G703, is attached.

ORIGINAL CONTRACT SUM \$ _____

Net change by Change Orders \$ _____ 0.00

CONTRACT SUM TO DATE (Line 1 ± 2) \$ _____

TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ _____

RETAINAGE: \$ _____ 0.00

10 % of Completed Work \$ _____ 0.00

Column D + E on G703 \$ _____ 0.00

0 % of Stored Material \$ _____ 0.00

Column F on G703 \$ _____ 0.00

Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$ _____ 0.00

TOTAL EARNED LESS RETAINAGE \$ _____ 0.00

(Line 4 Less Line 5 Total)

LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ _____

CURRENT PAYMENT DUE \$ _____ 0.00

BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ _____ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	0	0.00
Total approved this month	0.00	0.00
TOTALS	0.00	0.00
NET CHANGE ORDERS	\$0.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, and information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: _____ Date: _____

State of: _____ Country of: _____

Subscribed and sworn to before me this _____ day of _____

Notary Public:

My Commission expires: _____

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information, and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____ 0.00

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed, to confirm with the amount certified.)

ARCHITECT: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.