

**CITY OF SANFORD**  
**CONTRACTOR'S REGISTRATION FORM**

NAME OF FIRM \_\_\_\_\_ SS or TAX # \_\_\_\_\_

Individual \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number - Business \_\_\_\_\_ Home \_\_\_\_\_

Time to Contact - Business \_\_\_\_\_ Home \_\_\_\_\_

**TYPE OF BUSINESS (Check all that apply)**

General Contractor _____	NC License # _____	Carpenter _____
Electrical _____	NC License # _____	Painting _____
Plumbing _____	NC License # _____	Roofing _____
Siding _____	OTHER: _____	

**INSURANCE: (check one)**

Do you carry Bodily Injury insurance?	Yes _____	No _____
Do you carry property damage insurance?	Yes _____	No _____
Are your workers covered by workman's compensation?	Yes _____	No _____

**REFERENCES:**

**MATERIALS SUPPLIER:**

Name _____	Contact Person _____
Mailing Address _____	Phone #: _____

**CUSTOMER:**

Name _____	Phone # _____
Mailing Address _____	
Type Job _____	Cost _____

**COMMUNITY DEVELOPMENT PROGRAMS:**

Local Government: _____	
Contact Person _____	Phone # _____

The undersigned certifies that all information in this statement, and all information furnished in support of this statement, is true and complete to the best of the undersigned's knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**City of Sanford**  
**CONTRACTOR'S REGISTRATION FORM**

NAME OF FIRM \_\_\_\_\_ SS or TAX # \_\_\_\_\_

**IF YOU WILL HIRE ANY SUBCONTRACTORS UNDER A CONTRACT WITH THE CITY,  
PLEASE COMPLETE THE FOLLOWING.**

**ELECTRICAL CONTRACTOR:**

Name of Firm \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ License \_\_\_\_\_

**PLUMBING CONTRACTOR: \_\_\_\_\_** Phone # \_\_\_\_\_

Name of Firm \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ License \_\_\_\_\_

**HVAC CONTRACTOR: \_\_\_\_\_** Phone # \_\_\_\_\_

Name of Firm \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ License \_\_\_\_\_

**OTHER:**

Name of Firm \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ License \_\_\_\_\_

Name of Firm \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ License \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Note: A rough-in inspection will be required for each trade and such inspection shall be conducted on all applicable trades at one time (no individual trade inspections). No work shall be covered up until a rough-in inspection has been conducted and all work approved.