

CUMBERLAND COUNTY COMMUNITY DEVELOPMENT  
HOUSING REHABILITATION  
707 EXECUTIVE PLACE, PO BOX 1829  
FAYETTEVILLE, NC 28302-1829

Application for Contractor's Register

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

North Carolina General Contractor's License Number (if applicable) \_\_\_\_\_

Privilege License Number \_\_\_\_\_

Business Type: Sole Proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_

Corporation \_\_\_\_\_

Tax I.D. or Social Security Number \_\_\_\_\_

**Names of all owners, partners, or stockholders:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Supplier Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Supplier Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Supplier Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Plumbing Subcontractor \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_



ALL prior or current municipalities that your company has participated in Federally Funded Housing Rehabilitation:

Municipality \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Municipality \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Municipality \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Coverage: It is necessary that a copy of your insurance policy be submitted as evidence of coverage. Limits of Liability must be in the amount of \$300,000.00 (three hundred thousand and 00/100) or more and your company must be covered by Workmen's Compensation Insurance administered by the State of North Carolina.

Make sure your insurance agent mails your certificate of coverage or copies of your insurance policy to:

Cumberland County Community Development  
Housing Rehabilitation  
707 Executive Place, PO Box 1829  
Fayetteville, NC 28302-1829

Within 10 days of receiving notification of approval for placement on the Contractor's Register, proof of insurance must be submitted to this office for verification.

Signature of this application also denotes receipt of the Cumberland County Rehabilitation Contractors' Handbook and a thorough understanding of its requirements.

BUSINESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_