

City of Summerville Building Inspection Department Contractor Registration – Emergency/Disaster Repair

Applicant Name: _____ Phone: _____

Current Address: _____

Drivers License #: _____ State _____ Tax ID# _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Race: _____

Company Name: _____

Permanent Address: _____

Permanent Phone: _____ In business since: _____

Principal Officer: _____ Phone #: _____

Company is: Insured _____ Bonded _____ Issued By: _____

Name of person who will be directly supervising work: _____

Local Address: _____ Phone: _____

Vehicle (s) to be used: Type: _____ License#: _____ State: _____

Vehicle (s) to be used: Type: _____ License#: _____ State: _____

Vehicle (s) to be used: Type: _____ License#: _____ State: _____

References of past performance (a minimum of at least 2 referenced must be provided):

Name: _____ Phone#: _____

Name: _____ Phone#: _____

A check of Local, State and Federal records may be made. Registration as a City of Summerville Disaster Repair Contractor is contingent on past and future non-fraudulent fulfillment of contractual obligation. Registration may be cancelled or rescinded for cause at any time by the Code Official for violations of ordinance to require registration of building and repair services during a state of emergency. Decisions of the Code Official may be appealed in accordance with Building Regulations, Chapter One IBC and IRC.

Signature: _____

Date _____

INDICATE TYPE OF WORK TO BE PERFORMED

Electrical _____ Plumbing _____ Air Conditioning _____ Building _____

Roofing _____ Tree Service _____ Grading _____ Misc. _____