

**ONONDAGA COUNTY COMMUNITY DEVELOPMENT DIVISION**

**CONTRACTOR APPLICATION**

Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business phone number(s): \_\_\_\_\_

\_\_\_\_\_

(include all cell phones, fax etc.)

Names & Addresses of all owners and partners:

\_\_\_\_\_

\_\_\_\_\_

Please list your Federal I.D. # \_\_\_\_\_ or Social Security # \_\_\_\_\_  
(the number that you use for the business on your tax form)

Number of years in business: \_\_\_\_\_

Is your firm a MBE? \_\_\_\_ Yes \_\_\_\_ No      NYS Certified? \_\_\_\_ Yes \_\_\_\_ No

Is your firm a WBE? \_\_\_\_ Yes \_\_\_\_ No      NYS Certified? \_\_\_\_ Yes \_\_\_\_ No

Is your firm a SDVOB? \_\_\_\_ Yes \_\_\_\_ No      NYS Certified? \_\_\_\_ Yes \_\_\_\_ No

All contractors must have EPA Certification under the Renovation, Repair and Painting (RRP) regulation. Please provide a copy of the firm certificate as well as for trained individuals. Funding and training opportunities may be available for those without this certification.

Are your firm and/or employees certified by the EPA in regards to any other Lead-based paint activities?  
\_\_\_\_ Yes \_\_\_\_ No      Type of certification \_\_\_\_\_

If Yes, please provide a copy of all relevant certificates.

If you do not have any Lead-based paint related training, would you be interested in receiving training?  
\_\_\_\_ Yes \_\_\_\_ No

List all **licenses** currently held by the contractor, include number(s) and expiration date(s):

\_\_\_\_\_

**Business References** (Include local banks/anyone financing your work):

\_\_\_\_\_

\_\_\_\_\_



References-List **Names, complete addresses, and phone numbers** of four recent customers:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

List all **types of work** your firm can perform: (Be specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check the **programs** you would like to participate in:

\_\_\_\_\_ Housing rehabilitation program \_\_\_\_\_ Commercial rehabilitation program

\_\_\_\_\_ Home ownership program (Vacant house rehabilitation)

THE UNDERSIGNED CONTRACTOR CERTIFIES that all information given herein is correct and further agrees:

- 1) That the undersigned contractor agrees to maintain in a current status all licenses as required by the State of New York;
- 2) That the work will be performed in accordance with all codes, standards, zoning regulations and specifications, subject to a clear final inspection by the Community Development Division;
- 3) That if work performed by the Contractor is found to be unsatisfactory by the Community Development Division or if contract relations between the contractor and homeowner are found to be unsatisfactory, the contractor's name may be removed from the approved list;
- 4) That required insurance will be provided; and
- 5) That contractor will abide by U.S. Department of Housing and Urban Development regulations pertaining to equal employment opportunity.

Signed: \_\_\_\_\_

\_\_\_\_\_

Return to:

**Attn: Ed Donohue  
Onondaga County Community Development Division  
421 Montgomery St. 11<sup>th</sup> Fl  
Syracuse, NY 13202  
(315) 435-3558**