GENERAL CONTRACTOR PROJECT VERIFICATION FORM

The applicant identified below has applied for a general contractor license or construction supervisor certificate with the City of Fort Collins. Regulations require verification of the applicant's construction experience on specific projects by someone other than applicant or anyone affiliated with applicant's company. You have been identified by the applicant as a person having direct knowledge of the applicant's involvement in the construction project described below. Incorrect or misleading information can result in the applicant's disqualification. You may be contacted for additional details and to verify the information provided. **Incomplete forms will not be accepted.**

**APPLICANT NAME:**

**PROJECT NAME:**

**PROJECT IDENTIFICATION** (street address, city, county, state):

**PERMIT NUMBER:**

**COMPLETION DATE:**

**PROJECT SCOPE:**

☐ New Building  ☐ Addition  ☐ Structural Alteration  ☐ Non-structural  ☐ Interior Finish

**STRUCTURAL FRAME TYPE:**

☐ Std. Wood Frame  ☐ Heavy Timber  ☐ Masonry  ☐ Steel  ☐ Concrete

**BUILDING USE(s):**

**FLOOR AREA OF CONSTRUCTION (SQ FT):**

**FLOORS ABOVE GRADE:**

**CONTRACT VALUE** (Building(s) only + Labor + materials + profit):

**PROJECT DESCRIPTION** (Attach supplemental documents as needed):

**ASPECTS OF PROJECT FOR WHICH APPLICANT WAS DIRECTLY RESPONSIBLE:**

**APPLICANT'S PRIMARY ROLE IN PROJECT:**
GENERAL CONTRACTOR PROJECT VERIFICATION FORM – PAGE 2

APPLICANT’S PERFORMANCE:  □ Above Average  □ Average  □ Below Average

COMMENTS: ____________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
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__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

YOUR NAME (Print): ________________________________________________________________

YOUR POSITION IN PROJECT: ______________________________________________________

COMPANY NAME: ________________________________________________________________

ADDRESS: _______________________________________________________________________

PHONE: ___________________________ MOBILE PHONE #: ___________________________

SIGNATURE: ___________________________ DATE: ___________________________

***THIS FORM WILL NOT BE ACCEPTED IF IT IS INCOMPLETE OR IS SIGNED BY APPLICANT OR
ANYONE AFFILIATED WITH APPLICANT OR APPLICANT’S COMPANY – PLEASE MAKE SURE THIS
FORM IS SIGNED BY A PERSON WHO IS NOT AFFILIATED WITH THE APPLICANT IN ANY WAY,
WHO WAS PERSONALLY INVOLVED IN THE PROJECT AND IS ABLE TO VERIFY APPLICANT’S
PROFESSIONAL ROLE IN THE PROJECT***

Below for Office Use Only:

Reviewed by: __________________________________ Date: ___________________________

License Class of Project: ___________ Comments: __________________________________
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