



Contractor Qualifications

Checklist

A complete application shall include the following information. Please initial to signify that the requested information has been provided.

	Applicant Initials	Staff Initials
A copy of this Checklist, completed by the applicant.	<input type="text"/>	<input type="text"/>
Completed Contractor Qualifications Form	<input type="text"/>	<input type="text"/>
Copy of contractors SC-LLR License	<input type="text"/>	<input type="text"/>
Copy of Contractors current City of Columbia Business License	<input type="text"/>	<input type="text"/>
Signed Executed Contract	<input type="text"/>	<input type="text"/>

For staff use only

Date received (MM/DD/YY): ____/____/____ By: _____



Contractor Qualifications

1. Permit Number: _____

2. Location of Work

Address	
Suite/Unit #	Name of Business/Tenant

3. SC-LLR License

Company Name	
License Holders Name	
Company Address (street, city, state, zip)	
Phone	Email
License #	License Type (General, Mechanical, Residential)
Expiration Date	Classification and Limitation (i.e. BD-5, NR-2)

4. Contract Value

Executed Contract Value: _____

5. Signature

It is understood and agreed by the undersigned that the approval of this application does not constitute a privilege to violate Building Code, Zoning Ordinance, or other Ordinances of the City of Columbia, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or any alteration or change from this application without approval of the Building Official shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application.	
Signature of License Holder	
Print Name	Date