



COMMUNITY DEVELOPMENT DIVISION
P.O. Box 1190
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Building (970) 498-7700
Building Fax (970) 498-7667
http://www.larimer.org/building

GENERAL CONTRACTOR PROJECT VERIFICATION FORM

The applicant identified below has applied for a general contractor license or construction supervisor certificate with Larimer County. 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): _____

PERMT NUMBER: _____ COMPLETION DATE: _____

(Attaching copies of the permit and C/O or final inspection documentation is required)

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: _____

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 ANYWAY, 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: _____

