



INDIAN RIVER COUNTY LOCAL HOUSING ASSISTANCE PROGRAM

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CONTRACTOR APPLICATION

(PRINT OR TYPE all information unless otherwise noted)

(A) CONTRACTOR INFORMATION: (This information will be given to applicants)

Contact Person: _____ Phone: (____) _____

(B) BUSINESS INFORMATION (For SHIP Office use)

Corporation () Partnership () Privately Owned ()

General Contractor: Yes () No () If no, Specify: _____

Business: _____ Email: _____

Address: _____

(City State Zip)

Cell # (____) _____ Fax: (____) _____

Email: _____ Web site _____

State of Florida License Number (attach copy): _____

Indian River County License Number: _____

Provide a current **W9 with this application**

The undersigned contractor certifies all information herein provided is correct and that the information may be verified and further agrees:

1. To adhere to the county's local housing assistance rehabilitation program requirements as identified in the county's Local Housing Assistance Plan and the Indian River County Assistance Program minimum standards for rehabilitation of residential properties (copy available for review).
2. To provide bid estimates for jobs referred to by the county's local housing assistance program per work write up prepared by the SHIP Inspector (major rehab).
3. To perform the work in accordance with the description of work, general specifications and all applicable jurisdiction's codes and zoning regulations.
4. To obtain all required building permits and make arrangement for final inspection of work performed by appropriate jurisdiction's building inspectors.
5. To maintain current status of all licenses and bonds as required by the Indian River County and other appropriate jurisdictions.
6. To provide any required insurance and worker's compensation upon request.
7. To abide by all applicable equal employment opportunity regulations.
8. All surfaces disturbed by construction shall be repaired and finished to match
9. Indemnify and hold the county harmless regarding rehabilitation jobs for SHIP applicants.

*Please note that all new contractors will be subject to a 6-month probation period.

**Major rehab notifications including walk through dates, "Requests for Bids", and RFI's will be sent via email.

If works are not done in a timely manner and if a contractor continually fails to call for necessary inspections or is unable to pass inspections in a timely manner, a suspension may be issued that excludes the contractor from participation in the SHIP program.

ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE STANDARDS OF ALL TRADES, AND SHALL BE DONE IN A WORKMAN-LIKE MANNER. NO WORK WILL BE ACCEPTED THAT DOES NOT CONFORM TO ACCEPTABLE WORKMANSHIP STANDARDS. ALSO OWNER SATISFACTION MUST BE OBTAINED.

Contractor/Representative Signature

_____/_____/_____
Date

Printed Name of Contractor/Representative

Position/Title

**Indemnification of Indian River County by Contractors Working on
Rehabilitation of Homes Owned by SHIP Program Applicants**

_____ (name of contractor),
its officers, members, and employees shall, through the signing of this document by an authorized party or agent, indemnify, save and hold harmless Indian River County, its agents, commissioners and employees from any claim, demand, suit, loss, cost of, expense, or damage which may be asserted, claimed or recovered against or from the County or County's agents or employees, by reason of any damage to property or person, including death, sustained by any person whomsoever, which damage is incidental to, occurs as a result of, or arises out of the negligent, reckless, willful or wanton act(s) or omissions of contractor and his or her sub-contractors.

Signature of Authorized Party

Printed Name of Party Signing

Title of Party Signing

Date of Signature