

**GENERAL CONTRACTOR PROJECT VERIFICATION**

The applicant identified below has applied for a general contractor license with Larimer County. Regulations require verification of the applicant's construction experience on specific projects by someone other than the 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 ADDRESS (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.     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 – 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 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_