REDEVELOPMENT AUTHORITY OF THE COUNTY OF WESTMORELAND
Fifth Floor, Suite 520 ● 40 North Pennsylvania Avenue ● Greensburg, PA 15601
Phone: (724) 830-3050 ● Fax: (724) 830-3062

Demolition Contractor Application

1. Name (Owners): _____

2. Company Name: _____

3. Address: _____

   _____

4. Federal Tax ID No.: _____

5. Social Security No.: _____
   (fill in only if above Federal Tax ID No. is not listed)

6. Telephone No.: _____ (after 4:30 PM): _____

   Cell Phone: _____ Fax No.: _____

   E-Mail: _____

7. Insurance Information:

   a. Liability Insurance Carrier ($250,000.00 Minimum): _____

   b. Workmen's Compensation Carrier: _____
   (if this coverage is not required, please explain):

   _____

   _____

   Attach insurance binder with Redevelopment Authority of the County of Westmoreland listed as additional insured and/or certificate holder and proof of current Workmen's Compensation.

8. a. Surety Company: _____

   b. Bonding capacity: _____
   (Payment, Performance and Maintenance Bonds required for all projects)

9. Demolition background of Contractor:

   a. Name of Partner (if applicable): _____

   b. How many employees (average): _____

   c. How long in business: _____

   d. List Sub-Contractors (if applicable): _____

   e. List Landfill where dumping will occur: _____

10. Has Contracting firm or owner(s) been involved in arbitration or lawsuit (demolition related) during past five (5) years? Yes _____ No _____

    If yes, please explain: _____

    _____

11. References (jobs completed within the past two [2] years):

    a. _____

    b. _____

    c. _____

_____ _____
Signature of Owner Date Signature of Owner Date

Any questions regarding this application, please call (724) 830-3050. Mail completed application to:

Redevelopment Authority of the County of Westmoreland
Fifth Floor, Suite 520
40 North Pennsylvania Avenue
Greensburg, PA 15601

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