Westmoreland County Land Bank
Fifth Floor, Suite 520 ● 40 North Pennsylvania Avenue ● Greensburg, PA 15601
Phone: (724) 830-3050 ● Fax: (724) 830-3062

Rehabilitation / General 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 Ta	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):			
	h Markman's Companyation Carrier:			
	(if this coverage is not requ			
		Vestmoreland County Land Bank listed as addit	onal insured and/or certificate	
	holder and proof of current Workmen's Compensation.			
8.	Rehabilitation / general contractor background:			
	a. Name of Partner (if applicable):			
	b. How many employees (average):			
	c. How long in business:			
	d. If utilizing sub-contractor lis	t name & trade:		
9.	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:			
0.	References (jobs completed w	within the nast two [2] years):		
10.	•	itimi tile past two [2] years).		
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	b			
	C			
Signa	ture of Owner	Date Signature of Owner	Date	
ny q	uestions regarding this applicatio	on, please call (724) 830-3050. Mail completed	application to:	
		Westmoreland County Land Bank		
		Fifth Floor, Suite 520		
		40 North Pennsylvania Avenue Greensburg, PA 15601		
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₹efer	ences contacted:			
۱uthc	orized Signature	Date	Rev. 5/	