# BRUNSWICK-GLYNN COUNTY JOINT WATER AND SEWER COMMISSION IFB NO. 21-010 ELEVATED STORAGE TANK REHABILITATION PRINCE STREET PROJECT NO. 2012 AND DEMERE ROAD PROJECT NO. 2013

### FORM FOR SIMILAR IN NATURE PROJECTS AND REFERENCES REFRENCE #1

Name of Contractor:	
Project Name:	
Location:	
Project Owner:	
Contact Person:	
Telephone Number:	
Email Address:	
Project Engineer:	
Contact Person:	
Telephone Number:	
Email Address:	
Contract Dates:	
Date of Notice to Proceed:	Date of Final Completion:
Contract Amount: Original: \$	Final: \$
Brief Description of Project:	
Description of Tank (size, type):	

Project MOT and pedestrian coordination required (describe if applicable):	
Special conditions of project, e.g. night work required (describe if applicable):	
Name of Field Supervisor:	
Type of Project (check appropriate box): Public Works Private Owner	
Contractual Status on Project (check appropriate box): Prime Contractor · Subcontractor	
If subcontractor, provide name of Prime Contractor:	
Did you provide performance and/or payment bonds on this project? YesNo	
Was this project completed within the original contract period? YesNo	
Did this project require traffic control and/or traffic diversion? YesNo	
Did this project include the restoration of landscaped yards? YesNo	
Did this project include flow diversion? YesNo	
Is a letter of reference from the project owner included with this application? YesNo	

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### FORM FOR SIMILAR IN NATURE PROJECTS AND REFERENCES REFRENCE #2

Name of Contractor:	
Project Name:	
Location:	
Contact Person:	
Project Engineer:	
Email Address:	
Contract Dates:	
Date of Notice to Proceed:	Date of Final Completion:
Contract Amount: Original: \$	Final: \$
Brief Description of Project:	
Description of Tank (size, type):	

Project MOT and pedestrian coordination required (describe if applicable):	
Special conditions of project, e.g. night work required (describe if applicable):	
Name of Field Supervisor:	
Type of Project (check appropriate box): Public Works Private Owner	
Contractual Status on Project (check appropriate box): Prime Contractor · Subcontractor	
If subcontractor, provide name of Prime Contractor:	
Did you provide performance and/or payment bonds on this project? YesNo	
Was this project completed within the original contract period? YesNo	
Did this project require traffic control and/or traffic diversion? YesNo	
Did this project include the restoration of landscaped yards? YesNo	
Did this project include flow diversion? YesNo	
Is a letter of reference from the project owner included with this application? YesNo	

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### FORM FOR SIMILAR IN NATURE PROJECTS AND REFERENCES REFRENCE #3

Name of Contractor:	
Project Name:	
Location:	
Project Owner:	
Contact Person:	
Telephone Number:	
Email Address:	
Project Engineer:	
Contact Person:	
Telephone Number:	
Email Address:	
Contract Dates:	
Date of Notice to Proceed:	Date of Final Completion:
Contract Amount: Original: \$	Final: \$
Brief Description of Project:	
Description of Tank (size, type):	

Project MOT and pedestrian coordination required (describe if applicable):  Special conditions of project, e.g. night work required (describe if applicable):	
Name of Field Supervisor:	
Type of Project (check appropriate box): Public Works Private Owner	
Contractual Status on Project (check appropriate box): Prime Contractor · Subcontractor	
f subcontractor, provide name of Prime Contractor:	
Did you provide performance and/or payment bonds on this project? YesNo	
Vas this project completed within the original contract period? YesNo	
Did this project require traffic control and/or traffic diversion? YesNo	
Did this project include the restoration of landscaped yards? YesNo	
Did this project include flow diversion? YesNo	
s a letter of reference from the project owner included with this application? YesNo	