

6.0 PROJECT REFERENCES

IFB NO. 22-005

SEA PALMS WEST CIPP REHABILITATION
FORM FOR SIMILAR PROJECTS AND REFERENCES

Name of Contractor: _____

Project Name: _____

Location: _____

Project Owner: _____

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:

Material, Manufacturer and Square Footage (s):

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

If subcontractor, provide name of Prime Contractor:

Was this project completed within the original contract period? Yes____ No ____

Did this project require traffic control and/or traffic diversion? Yes____ No____

Was this project located in an established neighborhood? Yes _____ No _____

Is a letter of reference from the project owner included with this application?

Yes____ No _____

***COPY THIS FORM FOR SIMILAR
PROJECTS***