



# Community Development Authority

## City of Racine

### Contractor(s) Chosen By Homeowner

Date: \_\_\_\_\_

Grant Program Type (Check One): Enhancement or Repair

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

1

Contractor Name, Email, Phone: \_\_\_\_\_

License Type & Number (required): \_\_\_\_\_

Estimate: \$ \_\_\_\_\_

2

Contractor Name, Email, Phone: \_\_\_\_\_

License Type & Number (required): \_\_\_\_\_

Estimate: \$ \_\_\_\_\_

3

Contractor Name, Email, Phone: \_\_\_\_\_

License Type & Number (required): \_\_\_\_\_

Estimate: \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**PERMITS** must be pulled before deposits for material will be made by the City or the homeowner(s).  
**Homeowners may NOT purchase any permits** for any portion of the project.

**SUB-CONTRACTORS** Contractors using subs must provide the subs company name and licenses before contract signing.

*By signing this document, I am confirming that I am choosing the contractors listed above for the repairs/enhancements to my property and that I have attached detailed estimates.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**Staff** ☐ Contractor Name, Email, Phone Received ☐ Contractor Quote/Estimate Received  
☐ Contractor Cards Received ☐ Contractor COI Received ☐ Permits required for this project



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