

## CHANGE OF CONTRACTOR(S)

This form must be completed for all permits whenever you wish to change a contractor listed on the original permit and there is no change to the scope of work. If there are any changes to the scope of work, please complete a Project Modification form only.

### PROJECT INFORMATION

**Project Address** \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_

Project Name \_\_\_\_\_

Project Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

### CONTRACTOR(S) TO BE CHANGED

The contractors listed below will be performing work on this project in the trade indicated.  
 The new contractor is: (check one)

assuming responsibility for all work done for that trade;

completing work started by a previous contractor, which is about \_\_\_\_\_ percent complete as of today.  
 (If so, it is recommended that you schedule a trade inspection prior to completing any new work.)

**BUILDING**

Contractor (Company Name) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

NC License Number \_\_\_\_\_ Class \_\_\_\_\_ Town of Cary Privilege License Number \_\_\_\_\_

**ELECTRICAL**

Contractor (Company Name) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

NC License Number \_\_\_\_\_ Class \_\_\_\_\_ Town of Cary Privilege License Number \_\_\_\_\_

**PLUMBING**

Contractor (Company Name) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

NC License Number \_\_\_\_\_ Class \_\_\_\_\_ Town of Cary Privilege License Number \_\_\_\_\_

**MECHANICAL**

Contractor (Company Name) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

NC License Number \_\_\_\_\_ Class \_\_\_\_\_ Town of Cary Privilege License Number \_\_\_\_\_

**OTHER (Type)** \_\_\_\_\_

Contractor (Company Name) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

NC License Number \_\_\_\_\_ Class \_\_\_\_\_ Town of Cary Privilege License Number \_\_\_\_\_

### OWNER / AGENT STATEMENT

**I hereby certify that I have the authority to make the above change of contractor(s) to the original application and that the information provided is correct.**

\_\_\_\_\_

Owner/Agent Name (print) Owner/Agent Signature Date