

### PROJECT MODIFICATION

This form must be completed for all projects whenever you wish to change the scope of work as described on the original application.

#### PROJECT INFORMATION

Project Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Project Name \_\_\_\_\_  
 Project Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

#### PROPOSED MODIFICATION

(check one)  
 Revision to plans still in plan review     Revision to approved plans  
 Restamp lost or damaged plans     Other \_\_\_\_\_  
 What is the scope of the change? \_\_\_\_\_  
 \_\_\_\_\_

#### This modification includes changes that pertain to (check all that apply):

Building     Electrical     Plumbing     Mechanical     Zoning/Setbacks     Utility Pretreatment     County (Health Dept.)

Does the modification result in a change in square footage?     No     Yes (If yes, \_\_\_\_\_ more / less sq. ft.)  
 Does the modification result in a change in construction cost?     No     Yes (If yes, \$ \_\_\_\_\_ more / less )

#### ADDITIONAL PERMITS REQUIRED

Does the modification require any additional permits?     No     Yes  
 If yes, what new permits are required?     Building     Electrical     Plumbing     Mechanical     Other \_\_\_\_\_

#### ADDITIONAL CONTRACTORS

Contractor Type \_\_\_\_\_  
 Contractor (Company Name) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Email \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_  
 NC License Number \_\_\_\_\_ Class \_\_\_\_\_ Town of Cary Privilege License Number \_\_\_\_\_

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#### OWNER / AGENT STATEMENT

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

\_\_\_\_\_  
Owner/Agent Name (print)

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date