| Applic | ation# | - |  |
|--------|--------|---|--|
|--------|--------|---|--|

## **CHANGE OF CONTRACTOR(S)**

This form must be completed for <u>all permits whenever you wish to change a contractor listed on the original permit</u> 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. Email completed form to <u>buildingsafety@townofcary.org</u> or drop off at 316 N Academy St., Development Services.

| PROJECT INFORMATION  |                              |                     |                       |
|--|------------------------------|---------------------|-----------------------|
| Project Address  |                              | _ City              | ZIP                   |
| Subdivision  | Lot No                       | <del>_</del>        |                       |
| Project Name   |                              |                     |                       |
| Project Contact Person   | Phone _()                    | Email _             |                       |
| CONTRACTOR(S) TO BE CHANGED  |                              |                     |                       |
| The contractors listed below will be performing work on this proj                              | ject 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                                   | •                            |                     | •                     |
| (If so, it is recommended that you schedule a trade insper                                     | ction prior to completing ai | ny new work.)       |                       |
| ☐ BUILDING Contractor (Company Name)   |                              | Office Phone (      | 1                     |
| Address  |                              |                     |                       |
| Email  |                              |                     | Zii                   |
| NC License Number Class  |                              |                     |                       |
| □ ELECTRICAL   |                              |                     |                       |
| Contractor (Company Name)  |                              |                     |                       |
| Address  | City                         | S                   | tate ZIP              |
| Email  |                              |                     |                       |
| NC License Number Class  |                              |                     |                       |
| □ PLUMBING Contractor (Company Name)   |                              | Office Phone (      | 1                     |
| Address  |                              |                     |                       |
| Email  |                              |                     | ZII                   |
| NC License Number Class  |                              |                     |                       |
| □ MECHANICAL   |                              |                     |                       |
| Contractor (Company Name)  |                              |                     |                       |
| Address  |                              | S                   | tate ZIP              |
| Email  |                              |                     |                       |
| NC License Number Class  |                              |                     |                       |
| □ OTHER (Type)   |                              | _                   |                       |
| Contractor (Company Name)  |                              | Office Phone _(     | )                     |
| Address  | City                         | S                   | tate ZIP              |
| Email  |                              |                     |                       |
| NC License Number Class  |                              |                     |                       |
| OWNER / AGENT STATEMENT  |                              |                     |                       |
| I hereby certifty that I have the authority to make the above information provided is correct. | change of contractor(s)      | to the original app | lication and that the |
| Owner/Agent Name (print)   | Owner/Agent                  | Signature           | Date                  |