

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.) Fire

Does the modification result in a change in square footage? No Yes (If yes, more less)
 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 _____

Contractor Type _____
 Contractor (Company Name) _____ Office Phone _____
 Address _____ City _____ State _____ ZIP _____
 Email _____ Office Fax _____
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 Contractor (Company Name) _____ Office Phone _____
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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