

## 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 \_\_\_\_\_

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 Contractor (Company Name) \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
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 NC License Number \_\_\_\_\_ Class \_\_\_\_\_

### 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