

Contractor/Subcontractor Change Form

This form is used to advise the Planning and Development Department that the original contractor listed on the permit referenced below has been replaced, and to reflect that the permit be amended to reflect this change. This is also used to advise the City that the new contractor, who has signed below, agrees to assume all responsibility for any portion of the project that may have been installed by the original contractor.

INSTRUCTIONS: Please complete one form per permit, per contractor, per permit. Forms are processed within two business days of receipt. This form can be submitted via email to phyllis.richards@beaufortcountync.gov

GENERAL INFORMATION

Project Address:			
Requested By:			Date:
Address:			
City:	State:	Zip Code:	Phone #:

PERMIT NUMBERS

NOTE: Provide only the # for the permit(s) associated with a contractor change.

Building #:	Electrical #:	Plumbing #:	
Mechanical #:	Fire Sprinkler#:	Fire Alarm #:	
Zoning #:	Land Disturbing #:	Right-of-Way #:	
Other (specify):			
Name of Original Contractor:			
Name of New Contractor:		State Contractor License #:	
Address:			
City:	State:	Zip Code:	Phone #:
License Holder Name (PRINT):		Title:	
License Holder Signature:			

OFFICE USE ONLY

The request to amend the above referenced permit was approved. Completion of this form constitutes amendment of the permit.

Approved By: _____

Date: _____