



TOWN OF CLAYTON
 Engineering & Inspections
 111 E. Second St., P.O. Box 879
 Clayton, NC 27528
 Phone: 919-553-5002
 Fax: 919-553-1720

CHANGE OF CONTRACTOR(S)

Complete this form whenever you wish to change a contractor listed on the original permit and there is no change to the scope of work.

Application Fee: \$50.00 per trade

PROJECT ADDRESS _____

SUBDIVISION _____ LOT # _____

PERMIT HOLDER _____ PERMIT # _____

CONTACT PERSON _____ PHONE & EMAIL _____

CONTRACTOR(S) TO BE CHANGED

GENERAL _____ ADDRESS _____

LICENSE # _____ PHONE # _____

ELECTRIC _____ ADDRESS _____

LICENSE # _____ PHONE # _____

PLUMBING _____ ADDRESS _____

LICENSE # _____ PHONE # _____

MECHANICAL _____ ADDRESS _____

LICENSE # _____ PHONE # _____

OTHER _____ ADDRESS _____

LICENSE # _____ PHONE # _____

OWNER / AGENT STATEMENT

The undersigned does hereby declare that I have the authority to make the above changes and the information given above is correct. I agree to comply with all state and local law, local ordinances and regulations, and the N.C. State Building Code.

APPLICANT'S SIGNATURE _____

PRINT APPLICANT'S NAME _____

DATE _____