

# Contractor/Subcontractor Change Form

**Inspections Department Construction Division**  
 One Exchange Plaza Suite 404, Raleigh, NC 27601 phone 919-516-2500 fax 919-516-2689

This form is to advise the City of Raleigh Permits Office that the original contractor listed on the permit referenced below has been replaced and to request that the permit be amended to reflect this change. This is also to advise the City that the new contractor, who has signed below, is in agreement to assume all responsibility for any portion of the project that may have been installed by the original contractor. Please complete one form per permit. **The Construction Division fax number is 919-516-2689.**

**Project Address**

**Requested by**

**Date**

**Address**

**City**

**State**

**Zip**

**Phone #**

**Signature**

**Relationship to Project**

**Below, please provide permit # only for the permit(s) associated with a contractor change.  
 For Building Permits only – If you have Workers Compensation, a copy must be provided.**

**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 Number**

**City Business License Number**

**Address**

**City**

**State**

**Zip**

**Phone #**

**Signature**

**Title**

**OFFICE USE ONLY**

**The request to amend the above referenced permit was approved on \_\_\_\_\_ by \_\_\_\_\_ . Completion of this form constitutes amendment of the permit.**

**Copies to:**

Original Contractor

Plumbing Inspector Supervisor

New Contractor

Mechanical Inspector Supervisor

Building Inspector Supervisor

Other (specify)

Electrical Inspector Supervisor