

CONTRACTOR CHANGE FORM



Town of Apex Building Inspections and Permitting
Phone: 919-249-3418 Email: ePermit.Notify@ApexNC.org

This form is used to advise the Inspections and Permits Department that the original contractor listed on the permit referenced below has been replaced; and to order the permit be amended to reflect this change. This form is also used to advise the Town of Apex 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. This form does not cover any change to the scope of work.

Project Address: _____ Lot/Sub: _____ Permit #: _____
Requested by: _____ Date: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

The contractor(s) listed below will be performing work on this project in the trade indicated.

****Per the project checklist, projects costing over \$40,000 require the workers comp affidavit; Certificate of Insurance showing workers comp policy--certificate holder is Town of Apex, 73 Hunter St, Apex NC 27502; and lien form (commercial only).**

GC/BUILDING (New GC requires a new permit be issued--additional fee will be assessed)

Original Contractor (Company Name): _____ Phone: _____
New Contractor (Company Name): _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
NC License Number: _____ Class: _____ Email: _____
Print: _____ Sign: _____ Date: _____

ELECTRICAL

Original Contractor (Company Name): _____ Phone: _____
New Contractor (Company Name): _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
NC License Number: _____ Class: _____ Email: _____
Print: _____ Sign: _____ Date: _____

MECHANICAL

Original Contractor (Company Name): _____ Phone: _____
New Contractor (Company Name): _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
NC License Number: _____ Class: _____ Email: _____
Print: _____ Sign: _____ Date: _____

PLUMBING

Original Contractor (Company Name): _____ Phone: _____
New Contractor (Company Name): _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
NC License Number: _____ Class: _____ Email: _____
Print: _____ Sign: _____ Date: _____

OTHER (TYPE) _____

Original Contractor (Company Name): _____ Phone: _____
New Contractor (Company Name): _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
NC License Number: _____ Class: _____ Email: _____
Print: _____ Sign: _____ Date: _____

OWNER/AGENT STATEMENT

I hereby certify that I have the authority to make the above change of contractor(s) to the original application and that the information provided is correct. **If GC is unlicensed, Owner must sign.**

Owner/Agent Name (print)

Owner/Agent Signature

Date