



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

## 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.*

*All applications, plans, and supporting documents should be emailed to [PermitSubmittals@TownofClaytonNc.org](mailto:PermitSubmittals@TownofClaytonNc.org)*

Application Fee: [www.ClaytonNC.org/Fees](http://www.ClaytonNC.org/Fees)

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 \_\_\_\_\_

