



CHANGE IN CONTRACTOR

VERIFICATION FORM

This form can be emailed or faxed in for approval.

DATE: _____

BUILDING PERMIT # _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER PHONE: _____

PROPERTY OWNER

EMAIL ADDRESS: _____

LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____

OR METES AND BOUNDS: SECTION _____ TOWNSHIP _____ RANGE _____

JOB ADDRESS: _____

	NAME OF ORIGINAL CONTRACTOR	GC REGISTRATION NUMBER	OFFICE USE ONLY
1			
	NAME OF NEW CONTRACTOR		
2			

CONTRACTOR

CONTACT NAME: _____

CONTRACTOR PHONE NUMBER: _____

CONTRACTOR EMAIL: _____

PROPERTY OWNER OR AUTHORIZED AGENT SIGNATURE

DATE

BY SIGNING YOU ARE CONFIRMING ALL ABOVE INFORMATION IS TRUE AND AGREE TO NOTIFY THIS DEPARTMENT OF ANY CHANGES.