

Change of Sub-Contractor Form

(WHEN CHANGES ARE REQUESTED A \$10 REPRINT FEE FOR AN UPDATED PERMIT WILL BE REQUIRED)

Company Name (General Contractor): _____

Phone No.: _____ Address of Project: _____

Project Name: _____

Permit Number: _____ Date: _____

Authorized representative for General Contractor:

Signature: _____

Print Name: _____

Current Sub-Contractor

New Sub-Contractor

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Phone No.: _____

Phone No.: _____

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Phone No.: _____

Phone No.: _____

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Phone No.: _____

Phone No.: _____

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Phone No.: _____

Phone No.: _____