



Town of Apex
Inspections Division:
 919-249-3418
Planning Department:
 919-249-3426

CONTRACTOR/SUBCONTRACTOR CHANGE FORM

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.

GENERAL INFORMATION

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

CONTRACTOR(S) TO BE CHANGED

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

BUILDING

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.

 Owner/Agent Name (print)

 Owner/Agent Signature

 Date