

CONTRACTOR ATTACHMENT

3/04

Additional Contractors _____ Replacement Contractors _____ For Permit/Application # _____

Project Street Address: _____ City/State/Zip: _____

Subdivision _____ Lot # _____ Tax Parcel Number: _____

Type Contractor: _____ New Contractor: _____ Phone: _____

Address: _____ City/St/Zip _____ License # _____

Replacement contractor, provide the name of the contractor being replaced: _____

Was any work performed by this contractor?: No _____ Yes _____

Additional contractor to your permit, describe work being performed: _____

Inspector Only: Inspection performed under original contractor, Type: _____ Date Inspected: _____

No work performed under original contractor, remove contractor _____

Inspector: _____ Date: _____

Type Contractor: _____ New Contractor: _____ Phone: _____

Address: _____ City/St/Zip _____ License # _____

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No work performed under original contractor, remove contractor _____

Inspector: _____ Date: _____

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable State and local laws, ordinances and regulations. The Planning and Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Gen. Contractor/Owner/Agent

Printed Name

Company, if applicable

Date

