CONSTRUCTION DEPARTMENT CHANGE OF CONTRACTORS REPORT

CONSTRUCTION PERMIT INFORMATION

Owner:		Home Phone:	
Address:		Office Phone:	
City:		State:	Zip:
Construction Location:		Block:	Lot:
Building Permit #:		Date Issued:	
CONTRACTOR ON FILE			
Company Name:			
Address:			
City:			Zip:
Phone:		License #:	
Name of Person in Charge:			
NEW CONTRACTOR			
Company Name:			
Address:			
City:		_State:	Zip;
Phone:		License #:	
Name of Person in Charge:			
CHECK SUBCODE APPLICABLE: Building Plumbing	Electrical	Fire Prote	ection
As the Owner/Agent of the above mentioned premises, I submit for the record the above changes in contractors as an amendment to my Construction Permit Application.			
Date:	Signature:		