



Change of Contractor Form
Town of Morrisville Inspections Department
 260 Town Hall Dr. Suite B, Morrisville, NC 27560
 Phone: 919-463-6180 Fax: 460-6584

Date Rec'd
Permit #

General Contractors must provide a copy of current Certificate of Workers Compensation Insurance.

*Contractor signature or written authorization on Company Letterhead required.

Project or Subdivision name: _____
 Lot/Suite/Building # _____ Street # _____ Street Name _____

General Contractor (Co Name) _____ Phone _____ FAX _____

Address: _____ City: _____ St: _____ Zip: _____

NC State License # _____ Classification: ___ Res ___ Bldg ___ Limited ___ Intermediate ___ Unlimited

CONTACT PERSON/PHONE: _____

Workers' Compensation # : _____ Expiration date: ___/___/___ (PROVIDE COPY OF CERTIFICATE)

General Contractor/Authorized Signature: _____

PLEASE Print Name Here: _____

Electrical Contractor (Co Name) _____ Phone _____ FAX: _____

Address: _____ City: _____ St: _____ Zip: _____

NC State License # _____ Expiration Date _____ # of Volts _____

Classification: ___ Limited ___ Intermediate ___ Unlimited ___ Owner ___ Other

CONTACT PERSON/PHONE _____

Signature of Contractor/Authorized Agent _____

Plumbing Contractor (Co Name) _____ Phone _____ FAX: _____

Address: _____ City: _____ St: _____ Zip: _____

NC State License # _____ Expiration Date _____ Classification: ___ Class I ___ Class II ___ Owner ___ N/A

CONTACT PERSON/PHONE _____

Signature of Contractor/Authorized Agent _____

Mechanical Contractor (Co Name) _____ Phone _____ FAX: _____

Address: _____ City: _____ St: _____ Zip: _____

NC State License # _____ Expiration Date _____ Classification: ___ H- 1 ___ H-2 ___ H-3 ___ Owner ___ N/A

Tonnage _____ Limitation: ___ Class I ___ Class II ___ Owner ___ N/A

CONTACT PERSON/PHONE _____

Signature of Contractor/Authorized Agent _____

CONTACT NAME _____ Phone _____