

ONslow COUNTY

Professional/Worker Name Change
234 NW CORRIDOR BLVD • JACKSONVILLE NC 28540
(910) 455-3661 • FAX (910) 989-3195

Date Submitted _____
Permit Number _____

Permitted Address _____ Lot # _____ City _____

Requestor's Name _____ Phone _____

Email _____

Contractor Information

Contractor Type

General Contractor Modular Installer Electrical Mechanical Gas Fuel Piping Plumbing Specialty
Other _____

Original Contractor Information

Company Name _____ Contractor Name _____
Address _____ City _____ State _____ Zip _____
License Number _____ Classification _____ Expiration Date _____ Phone _____
Email Address _____

New Contractor Information

Company Name _____ Contractor Name _____
Address _____ City _____ State _____ Zip _____
License Number _____ Classification _____ Expiration Date _____ Phone _____
Email Address _____

Print Name: _____ Signature: _____ Date: _____

1. The information listed on this application request is correct and the appropriate contractors have been notified of their removal or addition in accordance with the corresponding issued permit.

2. I am the Land Owner Agent for Land Owner Contractor (Mark One) making this request and by signature authorize submittal of this request change.

Printed Name of Applicant _____

Signature of Applicant _____ Date _____