



Building  
& Safety

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Must be submitted to <https://www.durhamnc.gov/467/Dplans>

## CHANGE OF BUILDING PERMIT CONTRACTOR APPLICATION DURHAM CITY-COUNTY BUILDING & SAFETY DEPARTMENT

101 City Hall Plaza, Ground Floor, Suite 400, Durham NC 27701

Phone: (919) 560-4144

This application is used when the listed contractor on an existing permit needs to be changed without changing the scope of work.

**Please submit only one application per permit per contractor.**

For trade permit changes (Mechanical, Electrical or Plumbing), please email [permittechnicians@durhamnc.gov](mailto:permittechnicians@durhamnc.gov).

### PROJECT INFORMATION

JOB ADDRESS: \_\_\_\_\_ LOT/UNIT: \_\_\_\_\_

Existing Permit Number (Note: Only provide permit # associated with a contractor change): \_\_\_\_\_

Is the scope of work the same as the work described on the referenced permit number? Yes No

### NEW CONTRACTOR INFORMATION

CONTRACTOR: \_\_\_\_\_ STATE CONTRACTOR LICENSE NO.: \_\_\_\_\_

POINT-OF-CONTACT EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

REQUIRED DURHAM CONTRACTOR ID (CID)\*: \_\_\_\_\_

\* To request a contractor ID (CID), email your contact information, including any construction licenses held, to [permittechnicians@durhamnc.gov](mailto:permittechnicians@durhamnc.gov).

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### REQUIRED DOCUMENTS

### CHECK

1. Submit a letter from the owner confirming the change in contractor, signed and dated. If this is a commercial project, the newly signed contract will satisfy this requirement.
2. For projects costing \$40,000 or more, submit an appointment of lien agent application ( <https://www.liensnc.com> ). Forms without an appointed lien agent, when required, will not be processed.  
*Note: If the owner did not provide a lien agent on the previous permit, a new lien agent will be required. The owner is responsible for obtaining this document, although it must be submitted by the applicant/General Contractor.*
3. For projects costing \$40,000 or more, submit an Affidavit of Workers' Compensation Coverage or an active valid Certificate of Liability Insurance (COI).

### PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### AUTHORIZATION FROM OWNER OR AUTHORIZED AGENT

*The owner or authorized agent of the owner who signs this form is responsible for determining whether sewer, water, gas and other utilities are available for this site. Also, all easements and restrictions must be shown on the plot plan. Where applicable, allowable impervious coverage must be verified by a certified survey at the completion of all site work. The signatory must adhere to all codes and ordinances. A separate permit is required for each trade that work is to be performed. No trade permits will be issued until the accompanying building permit is issued. Applications that are not completed to "ISSUED" status within 6 months will expire. By signing this change of contractor form, the signatory assumes all responsibility for these items.*

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_