



Bryce A. Stuart Municipal Building
Suite 328, 100 East First Street
Winston-Salem, NC 27101
P.O. Box 2511
Winston-Salem, NC 27102-2511

Email: askinspect@cityofws.org
Phone: (336) 727-2624

CHANGE OF CONTRACTOR AFFIDAVIT

Date _____

I _____ of _____

Check One: Owner Agent

Company Name

for the property located at _____

have released _____ of _____

Contractor Name

Company Name

as _____ contractor of this project, reference release

Trade

permit number _____ .

I will be acting as my own contractor.

I have hired _____ as my new contractor and understand that
a new permit will have to be purchased for this job location.

Other, please explain

This document must be signed by the person appearing as owner of the permit. Signature must be notarized.

Owner Signature

Agent Signature/Title

Sworn to and subscribed before me this

_____ day of _____ 20____.

Signature of Notary

My commission expires _____ 20____.