The City of Sanford | County of Lee | Town of Broadway

Change of Contractor / Subcontractor Form

115 Chatham Street, Suite 1, Sanford NC 27330
Phone: 919-718-4654 www.sanfordnc.net

This form is to advise the original contractor listed on the permit referenced below has been replaced and to request that the permit be amended to reflect this change. This is also to advise Building Inspections that the new Contractor, as listed below, is in agreement to assume all responsibility for any portion of the project that may have been installed/completed by original contractor.

(A written/typed statement regarding reason for change is required for this request to be granted)

- **A fee of $75.00 will be charged for each Change of Contractor**

*An Affidavit of Worker's Compensation must be completed by the new contractor.

Date: _____

Change Requested By: _____

Job Address: _____

Permit Number: _____

Change From:

Name: _____

Address: _____

Phone: _____

License: _____

Change To:

Name: _____

Address: _____

Phone: _____

License: _____

THE FOLLOWING AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE MUST BE COMPLETED BY THE APPLICANT FOR THE BUILDING PERMIT.

Affidavit of Workers' Compensation Coverage (N.C.G.S. $87-14)

The undersigned applicant for Building Permit Number _____ being the:

- ☐ … Contractor
- ☐ … Owner
- ☐ … Officer/Agent of the Contractor or Owner

do hereby affirm under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

- ☐ … has/have three (3) or more employees and have obtained worker's compensation insurance to cover them,
- ☐ … has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,
- ☐ … has/have one or more subcontractor(s) who has/have their own policy of workers' compensation insurance covering themselves,
- ☐ … has have not more than two (2) employees and no subcontractors,

While working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Name of Company (if applicable) _____

Applicant Name: _____

Applicant Signature: _____

Today's Date: _____