



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

Phone: (336) 727-2624
Fax: (336) 747-9428

CHANGE OF CONTRACTOR AFFIDAVIT

Date _____

I _____ of _____
 Owner Agent Company Name

for the property located at _____

have released _____ of _____
Contractor Name Company Name

as _____ contractor of this project, reference release
Trade Name

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 or _____
Agent Signature/Title

Sworn to and subscribed before me this

_____ day of _____ 20_____.

Signature of Notary

My commission expires _____ 20_____.