Change of Contractor Form

Town of Morrisville Inspections Department
260 Town Hall Dr. Suite B, Morrisville, NC 27560
919-463-6190
permits@morrisvillenc.gov

***If you are completing this form in ink, please sign AND print your name in the appropriate space provided**

Project or Subdivision name: _____
Lot/Suite/Building # _____ Street # _____ Street Name _____

General Contractor (Co Name) _____Phone _____

Address:_____City:_____St:_____Zip:_____

NC State License #_____Classification: _____Res ____Bldg ____Limited ____Intermediate ____Unlimited

CONTRACTOR EMAIL:_____

Workers' Compensation # :_____Expiration date:_____(PROVIDE COPY OF CERTIFICATE)

General Contractor/Qualifier Signature:_____

Electrical Contractor (Co Name) _____Phone _____

Address:_____City:_____St:_____Zip:_____

NC State License #_____Expiration Date_____# of Volts _____

Classification: ☐Limited ☐Intermediate ☐Unlimited ☐Owner ☐Other

CONTRACTOR EMAIL _____

Signature of Contractor/Qualifier _____

Plumbing Contractor (Co Name) _____Phone _____

Address:_____City:_____St:_____Zip:_____

NC State License #_____Expiration Date_____Classification: ☐Class I ☐Class II ☐Owner ☐N/A

CONTRACTOR EMAIL_____

Signature of Contractor/Qualifier _____

Mechanical Contractor (Co Name) _____Phone _____

Address:_____City:_____St:_____Zip:_____

NC State License#_____Expiration Date_____Classification: ☐I- 1 ☐I-2 ☐I-3 ☐Owner ☐I/A

Tonnage _____ Limitation: ☐Class I ☐Class II ☐Owner ☐N/A

CONTRACTOR EMAIL_____

Signature of Contractor/Qualifier _____

Fire Suppression/Alarm/BDA Contractor (Co Name) _____Phone _____

Address:_____City:_____St:_____Zip:_____

NC State License #_____Expiration Date_____ ☐Sprinkler ☐BDA ☐Fire Alarm ☐Hood Suppression

CONTRACTOR EMAIL_____

Signature of Contractor/Qualifier _____

APPLICANT/PERMIT HOLDER SIGNATURE: _____ Phone:_____

Revised 08.27.25