CHANGE OF CONTRACTOR FORM
Town of Morrisville Inspections Department
260 Town Hall Dr., Suite B, Morrisville, NC 27560
(919)463-6190
permits@morrisvillenc.gov
***Signature fields are required as either digital signature or wet ink signature**

Project Information

Address:_____ Lot/Suite/Building #:_____
Project/Subdivision Name:_____

General Contractor

Company Name:_____Phone Number:_____
Address:_____City:_____St:_____Zip:_____
Email:_____NC State License #:_____ Exp Date:_____
Classification: _____Res. _____ Bldg. _____ Limited _____ Intermediate _____Unlimited
Workers' Comp #: _____Expiration Date:_____(PROVIDE COPY OF CERTIFICATE)
License Holder Signature:_____Print Name:_____

Electrical Contractor

Company Name:_____Phone Number:_____
Address:_____City:_____St:_____Zip:_____
Email:_____NC State License #:_____ Exp Date:_____
# of Volts: _____ Classification: ___Limited ___Intermediate ___ Unlimited ___Owner ___Other
License Holder Signature:_____Print Name:_____

Plumbing Contractor

Company Name:_____Phone Number:_____
Address:_____City:_____St:_____Zip:_____
Email:_____NC State License #:_____ Exp Date:_____
Classification: ___Class I ___Class II ___Owner ___N/A
License Holder Signature:_____Print Name:_____

Mechanical Contractor

Company Name:_____Phone Number:_____
Address:_____City:_____St:_____Zip:_____
Email:_____NC State License #:_____ Exp Date:_____
Group: ___H-1 ___H-2 ___H-3 ___Owner ___N/A Tonnage: _____
Limitation: ___Class I ___Class II ___Owner ___N/A
License Holder Signature:_____Print Name:_____

Fire Sprinkler/BDA/Alarm/Suppression Contractor

Company Name:_____Phone Number:_____
Address:_____City:_____St:_____Zip:_____
Email:_____NC State License #:_____ Exp Date:_____
Type: ___Sprinkler ___BDA ___Fire Alarm ___Hood Suppression
License Holder Signature:_____Print Name:_____

APPLICANT/PERMIT HOLDER

Signature:_____Print Name:_____

Revised 11/06/2026