



**WAKE COUNTY COMMUNITY SERVICES**  
**INSPECTIONS/DEVELOPMENT PLANS/PERMITS**  
 Suite 101 Waverly Akins Office Building  
 PO Box 550, Raleigh, NC 27602  
 Permits Staff (919) 856-6222 Fax (919) 856-6229

**CONTRACTOR ADD/CHANGE FORM**

**DATE:** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Subdivision/Lot** \_\_\_\_\_

Check Add or Change for each contractor supplied below.

<b>General Contractor:</b> Add Change			<b>License #</b>
<b>Street Address:</b>			<b>Phone #</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Fax #</b>
<b>Contact Name:</b>			<b>Phone #</b>
<b>Electrical Contractor:</b> Add Change			<b>License #</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone #</b>
<b>HVAC Contractor:</b> Add Change			<b>License #</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone #</b>
<b>Plumbing Contractor:</b> Add Change			<b>License #</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone #</b>

Printed or Type Name of Person Authorized to Make Change \*

\_\_\_\_\_

**Signature of Authorized Person Making Change**

\_\_\_\_\_

Permit Staff Person Receiving Request

Date Request Received

\_\_\_\_\_

\_\_\_\_\_

- Only the current Property Owner is authorized to change the General Contractor. A new Workers Compensation Form will be required with each change of General Contractor (on reverse). The current property owner or the General Contractor may add or change subcontractors.

**WAKE COUNTY BUILDING INSPECTIONS  
AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE  
NORTH CAROLINA GENERAL STATUES 87 AND 97**

The undersigned applicant for Building Permit Number \_\_\_\_\_ being the

Unlicensed Contractor      Owner      Officer/Agent of the Contractor/Owner  
License Number:

do hereby aver 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 workers' compensation insurance to cover them,
- has/have three (1) or more subcontractor(s) and have obtained workers' compensation insurance to cover them,
- has/have one or more subcontractor(s), who has/have no employees and have waived in writing their right to coverage by their contractor or if required have their own policy of workmen's compensation covering themselves,
- has/have not more than (2) employees and no subcontractors,
- has/have paid the licensing tax for General Contractor's as required by the Revenue Act of the State of North Carolina
- has/have applied for permit where the project cost is under \$30,000 and I am therefore exempt from Licensed General Contractor requirements specified by G.S.87-14,
- has/have applied for permit under owner exception to the licensing requirements by mandating occupancy of the premise for 12 months following completion of the project,

while working on the project for which this permit is sought. It is understood that the Wake County Inspections Division may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit. This document must be signed by the owner of the proprietorship, partner in the partnership, officer of the corporation, or manager of the L.L.C. appearing as the contractor on the building permit.

*Signatures are be witnessed by the Plan Review Official or Notarized.*

<b>Firm Name:</b>	
<b>Completed By:</b>	
<b>Title:</b>	
<b>Signature:</b>	<b>Date:</b>

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary      Official Seal  
Notary Public

My Commission expires \_\_\_\_\_, 19\_\_\_\_\_.

Plan Reviewer Initials: \_\_\_\_\_