

Director: Jacob Patrick



WILKES COUNTY INSPECTIONS DEPARTMENT

Change of Contractor Form

Wilkes County
Inspections Department
110 North Street
Wilkesboro, NC 28697
336.651.7303
336-651-7567 (fax)

I, the undersigned have either done or checked the _____ work, done on the job for _____, for which the building permit number _____ was issued.

I assume all responsibility and liability of a _____ contractor from this day forward upon this project.

Company Name/Name: _____

Address: _____

Phone Number: _____

License Number: _____

Signature: _____

Date: _____

Signatures by Owner, Contractor, and/or Agent must be sworn and subscribed to below if they do not sign before a Building Inspector at the Wilkes County Inspections Office.

State of: _____

County of: _____

Signed and Sworn to (or affirmed) before me this day by _____ (name of principal).

Date: _____

(Official Seal)

Official Signature of Notary

Notary's printed or typed name

My commission expires: _____