



Date Received
Permit #

Town of Spring Lake Inspections Department
300 Ruth Street, Spring Lake, NC 28390
Phone: (910) 436-0241 Fax: 436-2667

Change of Contractor

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

General Contractor _____ Phone _____
 Address: _____ City _____ State _____ Zip _____
 NC State License # _____ Expiration Date _____
 Classification _____ Res _____ Bldg _____ Limited _____ Intermediate _____ Unlimited _____
 Business License # _____ Contact Person/Phone _____
 Wokers's Comp. # _____ Expiration Date _____
 General Contractor / Authorized Signature _____
 Please Print Name Here _____

Electrical Contractor _____ Phone _____
 Address: _____ City _____ State _____ Zip _____
 NC State License # _____ Expiration Date _____ # of Volts _____
 Classification _____ Limited _____ Intermediate _____ Unlimited _____ Owner _____ Other _____
 Business License # _____ Contact Person/Phone _____
 Signature of Contractor / Authorized Agent _____

Plumbing Contractor _____ Phone _____
 Address: _____ City _____ State _____ Zip _____
 NC State License # _____ Expiration Date _____
 Classification _____ Class I _____ Class II _____ Owner _____ N/A _____
 Business License # _____ Contact Person/Phone _____
 Signature of Contractor / Authorized Agent _____

Mechanical Contractor _____ Phone _____
 Address: _____ City _____ State _____ Zip _____
 NC State License # _____ Expiration Date _____
 Classification: _____ H-1 _____ H-2 _____ H-3 _____ Owner _____ N/A _____
 Tonage Limitation _____ Class I _____ Class II _____ Owner _____ N/A _____
 Business License # _____ Contact Person/Phone _____
 Signature of Contractor / Authorized Agent _____

Contact Name _____ Phone _____