Bryce A. Stuart Municipal Building
Suite 328,100 E. First Street
Winston-Salem, NC 27101
P.O. Box 2511
Winston-Salem, NC 27102-2511
Email: askinspect@cityofws.org
Phone: (336) 727-2624
Fax: (336) 747-9428

Winston-Salem/Forsyth County
PLANNING & DEVELOPMENT SERVICES

CHANGE OF CONTRACTOR AFFIDAVIT

Date _____

I _____ of _____
☐ Owner ☐ Agent Company Name

for the property located at _____

have released _____ of _____
Contractor Name Company Name

as _____ contractor of this project, reference release
Trade Name

permit number _____.

☐ I will be acting as my own contractor.

☐ I have hired _____ as my new contractor and understand that a new permitwill have to be purchased for this job location.

☐ Other, please explain _____

This document must be signed by the person appearing as owner of the permit. Signature must be notarized.

_____ or _____
Owner Signature Agent Signature/Title

Sworn to and subscribed before me this

_____ day of _____ 20_____.

_____
Signature of Notary

My commission expires _____ 20____.

WINSTON-SALEM/FORSYTH COUNTY INSPECTIONS DIVISION
Excellence through Service