



**Chatham County Department of Building
Safety & Regulatory Services**
P.O. Box 8161, Savannah, GA 31412-8161
912-201-4300 - Fax 912-201-4301



Gregori S. Anderson, CBO
Director

Clifford Bascombe, CBO, CFM
Assistant Director

GENERAL CONTRACTOR CHANGE FORM

Date _____ Permit Number: _____

P.I.N.: 1 - _____ - _____ - _____ *PIN can be obtained from the Tax Assessors Office (912) 652-7271.*

Project Address: _____

Owner:

Name: _____ Phone No. (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Current General Contractor Name: _____

Company: _____

Address: _____

Phone No. (____) _____ - _____

New General Contractor Name: _____

Company: _____

Address: _____

Phone No. (____) _____ - _____ State License # _____

Local License # _____ Jurisdiction _____

I hereby certify that I will perform the work described in the above referenced permit and that I have a valid State and local license.

General Contractor/Owner Signature

Date