



**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**

SUBCONTRACTOR CHANGE FORM

Date _____ Permit Number: _____

Project Address: _____

Owner's Name: _____ Phone No. (____)____ - _____

Electrical Plumbing Mechanical Other _____

Original Subcontractor Name: _____

Company: _____

Address: _____

Phone No. (____)____ - _____

New Subcontractor 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.

New Subcontractor signature

Date

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of Chatham County and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration from this application (including changing subcontractors) without the approval of the Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The owner as listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge.

Owner/Agent

Date