



TOWN OF KNIGHTDALE

DEVELOPMENT SERVICES DEPARTMENT

www.knightdalenc.gov

950 Steeple Square Court
Knightdale, NC 27545
(v) 919-217-2244
(f) 919-217-2249

CONTRACTOR ADD/CHANGE FORM

DATE: _____ **SUBDIVISION:** _____ **LOT #** _____ **PERMIT #** _____

ADDRESS: _____

General Contractor: _____	Lic.# _____
Add <input type="checkbox"/> Change <input type="checkbox"/>	
Address: _____	City/State: _____ Zip: _____
Primary Contact: _____	Phone: _____ Fax: _____
Electrical Contractor: _____	Phone: _____ Lic.# _____
Add <input type="checkbox"/> Change <input type="checkbox"/>	
Address: _____	City/State: _____ Zip: _____
HVAC Contractor: _____	Phone: _____ Lic.# _____
Add <input type="checkbox"/> Change <input type="checkbox"/>	
Address: _____	City/State: _____ Zip: _____
Plumbing Contractor: _____	Phone: _____ Lic.# _____
Add <input type="checkbox"/> Change <input type="checkbox"/>	
Address: _____	City/State: _____ Zip: _____
Other Contractor: _____	Phone: _____ Lic.# _____
Add <input type="checkbox"/> Change <input type="checkbox"/>	
Address: _____	City/State: _____ Zip: _____

Printed Name of Person Authorized to Make Change:* _____

Signature of Authorized Person Making Change: _____

Permit Staff Person Receiving Request: _____

Date Request Received: _____

* Only the current Property Owner is authorized to change the General Contractor. A new Workers' Compensation Form will be required with each change of General Contractor (on reverse). The current property owner or the General Contractor may add or change subcontractors.



TOWN OF KNIGHTDALE

DEVELOPMENT SERVICES DEPARTMENT

www.knightdalenc.gov

950 Steeple Square Court
Knightdale, NC 27545
(v) 919-217-2244
(f) 919-217-2249

CONTRACTOR ADD/CHANGE FORM cont.

TOWN OF KNIGHTDALE / WAKE COUNTY BUILDING INSPECTIONS AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE NORTH CAROLINA GENERAL STATUTES 87 AND 97

The undersigned applicant for Building Permit Number _____, being the:

Unlicensed Contractor Owner Officer/Agent of the Contractor/Owner
License #: _____

do hereby positively declare under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit (*check one*):

- has/have three (3) or more employees and have obtained workers' compensation insurance to has/have one (1) or more subcontractor(s) and have obtained workers' compensation insurance to cover them,
- has/have one (1) or more subcontractor(s), who has/have no employees and have waived in writing their right to coverage by their contractor or if required have their own policy of workers' compensation covering themselves,
- has/have not more than two (2) employees and no subcontractors,
- has/have paid the licensing tax for General Contractors as required by the Revenue Act of the State of NC,
- has/have applied for permit where the project cost is under \$30,000 and I am therefore exempt from Licensed General Contractor requirements specified by G.S. 87-14,
- has/have applied for permit under owner exception to the licensing requirements by mandating occupancy of the premises for 12 months following completion of the project,

while working on the project for which this permit is sought. It is understood that the Wake County Inspections Division may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit. This document must be signed by the owner of a proprietorship, partner in a partnership, officer or manager of a LLC, or property owner (as the case may be) appearing as the contractor on the building permit.

NOTE: Signature to be either witnessed by Town of Knightdale Development Services Department Staff or Notarized.

FIRM/PROPERTY OWNER NAME: _____		
OFFICER/PARTNER/FIRM OWNER: _____		
TITLE: _____	SIGNATURE: _____	DATE: _____

WITNESSED: Sworn to and subscribed before me this _____ day of _____, 20____. PLAN REVIEWER INITIALS _____

NOTARIZED:

Signature of Notary (SEAL) My Commission Expires on _____, 20____.