



CHANGE IN **BUILDING PERMIT OWNER**

VERIFICATION FORM

This form can be emailed or faxed in for approval.

DATE: _____

BUILDING PERMIT # _____

CURRENT PROPERTY OWNER: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

LEGAL DESCRIPTION: LOT BLOCK SUBDIVISION _____

OR METES AND BOUNDS: SECTION TOWNSHIP RANGE _____

JOB ADDRESS: _____

ORIGINAL PROPERTY OWNER: _____

	NAME OF ORIGINAL CONTRACTOR	GC REGISTRATION NUMBER	OFFICE USE ONLY
1			
	NAME OF CURRENT CONTRACTOR		
2			

- REQUIRED WITH SUBMISSION OF THIS FORM:**
- **CONTRACTOR VERIFICATION FORM**
 - **OR**
 - **ACKNOWLEDGEMENT OF CONTRACTOR INSURANCE**

PROPERTY OWNER OR AUTHORIZED AGENT SIGNATURE

DATE

BY SIGNING YOU ARE CONFIRMING ALL ABOVE INFORMATION IS TRUE AND AGREE TO NOTIFY THIS DEPARTMENT OF ANY CHANGES.