Chatham County Department of Building Safety & Regulatory Services
1117 Eisenhower Dr Ste D Savannah, GA 31406
912-201-4300

MEMBER ICC INTERNATIONAL CODE COUNCIL

Clifford Bascombe, CBO
Director

GENERAL CONTRACTOR CHANGE FORM

Date _____ Permit Number: _____

Project Address: _____

Owner:

Name: _____Phone No. (_____)_____-_____

Address: _____

City: _____ State: _____ Zip: _____

Current General Contractor: _____

Company: _____

Address: _____

Phone No. (_____)_____-_____

New General Contractor:_____

Company: _____

Address: _____

E-mail: _____

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