



ADDRESS/NAME CHANGE REQUEST FORM

Date: _____

APPLICANT INFORMATION

1. Applicant's Name: _____

2. Phone Number: _____

3. Applicant is: Agent Owner General Contractor

PROJECT INFORMATION

4. Current Construction Project Number: _____

5. Current Name: _____

6. Current Address: _____

7. Is this a new address? YES NO

REQUEST INFORMATION

8. Please indicate the type of request:

Address Change

Address requested: _____

Name Change

Change of: **Contractor** **Owner** **Occupant**

Name requested: _____

Note: An authorization letter from the current permit holder is required (Please attach documentation)

9. Reason: _____

Note: Requests are reviewed on a case-by-case basis and may or may not be approved.

FOR OFFICE USE ONLY		
<input type="checkbox"/> INTAKE ERROR	<input type="checkbox"/> FEE PAID	<input type="checkbox"/> NOT PAID
<input type="checkbox"/> 100 Screen Update	<input type="checkbox"/> 102 Screen Update	CSR INITIALS _____