



**Town of Yorktown** [www.building@yorktownny.org](http://www.building@yorktownny.org)

Building Department  
Town Hall, 363 Underhill Avenue, Yorktown Heights, NY 10598  
Tel. (914) 962-5722 ext. 233

**CHANGE OF CONTRACTOR FORM**

(Office Use Only)	
APPLICATION No: _____	DATE: _____
PERMIT No: _____	DATE: _____

**Applicant: Complete all information lines, below, except those marked "Office use only"**

Address/Location: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Present Address of Owner:\* \_\_\_\_\_

NEW Contractor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Improvement Lic #: \_\_\_\_\_ Plumbers Lic #: \_\_\_\_\_ Electrician Lic #: \_\_\_\_\_

Architect or Engineer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for change:  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach the following documents and submit with this application:**

- Workers Comp
- Disability
- Liability
- Home Improvement License

**The undersigned applicant hereby agrees** to comply with all applicable provisions of the Code of the Town of Yorktown, The New York State Uniform Fire Prevention and Building Code, and all other Laws, Codes, Rules and Regulations applicable to the proposed work.  
**(Print legibly and sign.)**

\_\_\_\_\_  
NAME OF CONTACT PERSON (Please print)

\_\_\_\_\_  
SIGNATURE OF OWNER / AGENT\*

\* If signed by someone other than the owner, a letter of authorization from the owner must be submitted with this application.

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

(Office Use Only)	
REVISED FEE: _____	DATE: _____
PERMIT No: _____	_____ BUILDING INSPECTOR, TOWN OF YORKTOWN