



Permits and Inspections Division
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CHANGE OF CONTRACTOR REQUEST FORM

\*New Contractor must be registered with Missouri City.

This form may be emailed, faxed, mailed, or submitted in person.

Permit #: \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact#: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Company: \_\_\_\_\_

Contact#: \_\_\_\_\_ Email: \_\_\_\_\_

STATUS OF JOB AT TIME OF CHANGE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Original Contractor Signature (if available)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Authorized Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Official/Deputy Building Official

\_\_\_\_\_  
Date