



CHANGE OF SUBCONTRACTOR NOTIFICATION FORM

Instructions: Sections A, B and C must be completed in full and signed. Please sign in blue ink. Only original copies will be accepted. Submit one form for each subcontractor change made and \$60.00 administrative fee with each application at City Hall, 505 3rd Street, Hudson, WI. Form must be submitted before new subcontractor can begin work. Failure to submit change before beginning work may result in revocation of permit.

SPS 320.11(1)(a)

505 Third Street • Hudson, WI 54016 • (715) 716-5722

www.hudsonwi.gov

PERMIT INFORMATION

Permit Number:			
Project Street Address:			
Owner Name:	Applicant is (Mark One)	Owner	Contractor

SECTION A: EXISTING SUBCONTRACTOR ON PERMIT
(INCLUDE ALL RELEVANT CREDENTIALS- QUALIFIERS, CONTRACTOR'S, MASTER'S ETC.)

Name of Subcontractor's License Holder:			
Company Name:			
Company Street Address:	City:	State:	Zip:
Phone:	Email:		
Type of WI Credential:	License Number:	Expiration Date:	
Type of WI Credential:	License Number:	Expiration Date:	
Signature of Subcontractor's License Holder: _____			Date: _____
Printed Name of Subcontractor's License Holder: _____			

SECTION B: PROPOSED SUBCONTRACTOR INFORMATION
(INCLUDE ALL RELEVANT CREDENTIALS- QUALIFIERS, CONTRACTOR'S, MASTER'S ETC.)

Name of Subcontractor's License Holder:			
Company Name:			
Company Street Address:	City:	State:	Zip:
Phone:	Email:		
Type of WI Credential:	License Number:	Expiration Date:	
Type of WI Credential:	License Number:	Expiration Date:	
Signature of Subcontractor's License Holder: _____			Date: _____
Printed Name of Subcontractor's License Holder: _____			

SECTION C: GENERAL CONTRACTOR INFORMATION (OR HOMEOWNER ACTING AS OWN GENERAL)
(INCLUDE ALL RELEVANT CREDENTIALS- QUALIFIERS, CONTRACTOR'S, MASTER'S ETC.)

Name of Contractor License Holder or Homeowner:			
Company Name, if applicable:			
Mailing Address:	City:	State:	Zip:
Phone:	Email:		
Type of WI Credential:	License Number:	Expiration Date:	
Type of WI Credential:	License Number:	Expiration Date:	
Signature of Subcontractor's License Holder: _____			Date: _____
Printed Name of Subcontractor's License Holder: _____			