

NYC DCWP HIC License Number: _____

Date of Change Order: _____

CHANGE ORDER

[Home Improvement Contractor logo/letterhead here]

Home Improvement Contractor (HIC) Name

D/B/A

NYC DCWP HIC License Number

Date of Contract

Consumer Name

Address of Home Improvement Job

DESCRIPTION OF CHANGES TO WORK

For each change, check a box to indicate if it is an addition or a subtraction to the original contract, along with its associated cost.

Change	Type of Change	Cost
	☐ Addition ☐ Subtraction	
	☐ Addition ☐ Subtraction	

☐ See additional details attached.**CHANGE IN CONTRACT PRICE**

This Change Order (check one):

☐ Increases the Total Project Cost by \$ _____ ☐ Decreases the Total Project Cost by \$ _____ ☐ N/A

Unless otherwise agreed to in writing by both parties, extra charges for a Change Order shall be due before the Contractor begins the Change in Work.

CHANGE IN CONTRACT TIME

This Change Order will (check one):

☐ Delay the Start Date by _____ weeks and _____ days.
☐ Move up the Start Date by _____ weeks and _____ days.
☐ N/A

This Change Order will (check one):

☐ Delay the Completion Date by _____ weeks and _____ days.
☐ Move up the Completion Date by _____ weeks and _____ days.
☐ N/A

This document relates to a Contract dated _____. All amendments and price changes listed above are hereby agreed to by the parties listed below.

DO NOT SIGN THIS FORM IF YOU DO NOT ACCEPT ALL THE DETAILS AND FEES DESCRIBED._____
Date_____
Signature of Licensed Home Improvement Contractor_____
Print Name of Contractor_____
Date_____
Signature of Consumer_____
Print Name of Consumer

DESCRIPTION OF CHANGES TO WORK (continued)		
Change	Type of Change	Cost
	☐ Addition ☐ Subtraction	
	☐ Addition ☐ Subtraction	
	☐ Addition ☐ Subtraction	
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	☐ Addition ☐ Subtraction	

☐ See additional details attached.