

Master Permit No	
Subsidiary Permit No.	

VILLAGE OF PINECREST
Building & Planning Department

## **CHANGE OF CONTRACTOR**

	<u>d forms</u> with all necessary docume	ents to the Building and Planning De	epartment for processing.		
PROPERTY INFORMATION:					
Job Address:Address	Apt.	City	State	7:	
Address	Apr.	Ciry	State	Zip	
Folio Number					
PROPI	ERTY OWNER		NEW CONTRACTOR		
Name:		Company Name: License No.:			
Address:		Address:			
City: State:	Zip:	City:	State: 2	Zip:	
Phone; Fax:		Phone:	Fax:		
Email:		Email: Qualifier Name:			
FORMER CONTRACTOR:		REASON FOR CHA	nging contractor:		
Company Name:					
Address: City: State:	Zip:				
Phone: Fax:					
Qualifier:					
License No.:					
HOLD HARMLESS:					
I agree to hold the Village of Pineo including attorney's fees, resulting	crest, its agents and authorized pr from the cancellation of the exist	ersonnel, harmless, and relieve the ing permit or issuance of a new pe	m from any responsibility formit.	or damages, costs or expense	
	/ Print Name	STATE OF FLOR	STATE OF FLORIDA, COUNTY OF MIAMI-DADE		
Signature of Owner	riminame				

Revised 2/2/2015

SEAL:

change of contractor without the initial permit being revoked or suspended. The foregoing will be permitted only when the following stated persons have filed a letter

to the Building Official stating the reason for the second permit being required and hold the Building Official harmless from legal involvement. ALL INTERESTED PARTIES SHALL BE NOTIFIED BEFORE ACTION IS TAKEN.