Master Permit No. _____

Subsidiary Permit No. _____

VILLAGE OF PINECREST
Building & Planning Department

CHANGE OF CONTRACTOR

INSTRUCTIONS: The following steps must be taken to change the contractor on a job:

Step 1. Complete the Change of Contractor form and a permit application which must be signed by the property owner and new contractor. The signatures must be notarized. Please print or type to allow for a more accurate processing.

Step 2. Submit the completed forms with all necessary documents to the Building and Planning Department for processing.

PROPERTY INFORMATION:

Job Address: _____
Address Apt. City State Zip

Folio Number _____

PROPERTY OWNER	***NEW CONTRACTOR***
Name:	Company Name: License No.:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone: Fax:	Phone: Fax:
Email:	Email: Qualifier Name:

FORMER CONTRACTOR:	REASON FOR CHANGING CONTRACTOR:
Company Name:	
Address: City: State: Zip:	
Phone: Fax:	
Qualifier:	
License No.:	

HOLD HARMLESS:

I agree to hold the Village of Pinecrest, its agents and authorized personnel, harmless, and relieve them from any responsibility for damages, costs or expenses, including attorney's fees, resulting from the cancellation of the existing permit or issuance of a new permit.

_____ / _____
Signature of Owner Print Name

_____ / _____
Signature of New Contractor Print Name

Upon request of the owner and/or permit holder or an investigation by the Building Official to determine that the work has been abandoned or that the contractor is unable or unwilling to complete the contract, a second permit may be issued where there is a 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.

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____20__

_____
SIGNATURE OF NOTARY PUBLIC – STATE OF FLORIDA

Personally known____or, produced ID_____

SEAL:

Revised 2/2/2015