



Monroe County Building Department

<http://fl-monroecounty.civicplus.com/149/Building-and-Permitting>

DATE:

CHANGE OF CONTRACTOR

PARCEL ID:	PERMIT NUMBER:
PROPERTY ADDRESS:	
Current Contractor (name): _____ Contractor ID (5 digit #): _____	
The current contractor noted above is NO LONGER the contractor on this permit. Notification has been sent to the original qualifier notifying them of their removal from any affiliation with the above-referenced permit.	

As of the notarized date, the new contractor of record assigned to resume the above-described portion or work for the above-referenced permit shall be:

<u>NEW</u> Contractor Company:	
<u>NEW</u> Contractor Email:	<u>NEW</u> Contractor Phone:
<u>NEW</u> Qualifier Name:	
<u>NEW</u> Qualifier License #:	Contractor ID(5 digit #): _____

CONTRACTOR AUTHORIZATION:

This authorization becomes effective on the date this form is notarized, and shall remain in effect until terminated by the undersigned. The new contractor identified above understands the liabilities involved in the granting of this agency and accepts full responsibility for any and all of actions of the permit, related to the acquisition of permits for the aforementioned company.

I, the Owner agree to the terms/information above and agree to hold harmless Monroe County, its agents and authorized personnel, and relieve them of any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from the change of contractor for the existing permit.	I, the Qualifier for the new contractor, agree to the terms/information above and agree to hold harmless Monroe County, its agents and authorized personnel, and relieve them of any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from the change of contractor for the existing permit.
Print Name	Print Qualifier Name
Signature:	Signature:
Date:	Date:
STATE OF FLORIDA COUNTY OF _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____ <input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification Type of Identification Produced: _____ NOTARY Name: _____ NOTARY Signature: _____ My Commission Expires on: _____	STATE OF FLORIDA COUNTY OF _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____ <input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification Type of Identification Produced: _____ NOTARY Name: _____ NOTARY Signature: _____ My Commission Expires on: _____