

City of Pahokee 207 Begonia Drive Pahokee, Florida 33476

Phone: (561) 924-5534 ext. 2003 or 2004 Fax: (561) 924-8140

CHANGE OF CONTRACTOR FORM

Permit Number:	
Address of Project:	
Parcel Control Number:	
Name of Contractor Being Released:	as of:
New Contractor (Complete this section)	
Name of New Contractor Assuming Responsibility: _Address of Assuming Party:	
Address of Assuming Party:Qualifiers Name:	License Number:
Signature of Qualifier:	
STATE OF FLORIDA COUNTY OF	
The foregoing instrument was acknowledged before me th, 20, by	
, 20, 0y	(Name of person acknowledging)
	(Print, type or stamp Commissioned Name of Notary Public)
(Signature of Notary Public)	
Personally known OR Prod Type	duced Identificatione of Identification
Owner (Complete this section)	
I, the Owner, acknowledge that the previous contract and, I, the Owner, shall assume full responsibility for hold the City of Pahokee, its agents, employees and e removal of my previous contractor and any work per understand that a Change of Contractor fee will a been issued, and that any sub-permits which may to move forward.	the work completed by the previous contractor and elected officers harmless and without liability for the formed before, during or after such removal. I pply for this change if the permit has already
Owner's signature:	Date:
STATE OF FLORIDA COUNTY OF	
TTI 6	is day of
The foregoing instrument was acknowledged before me th	(Name of person acknowledging)
	(Print, type or stamp Commissioned Name of Notary Public)
(Signature of Notary Public)	<u> </u>
Personally known OR Prod Type	luced Identificatione of Identification