



CITY OF DELAND

120 S FLORIDA AVE 1ST FLOOR BUILDING DIVISION

(386)626-7009 PHONE / (386)626-7135 FAX

CHANGE OF CONTRACTOR/SUBCONTRACTOR FORM

I, _____, do hereby request that _____,
(Name of Contractor/Subcontractor, Owner or Agent)

_____, who is my _____ contractor/subcontractor
(Contractor's License Number) (Electrical, Mechanical, Gas, Plumbing, Roofing)

be removed as the contractor/subcontractor of record on permit # _____ at

_____ and be replaced by _____
(Address of Permitted Property) (Contractor /Subcontractor/ License Number)

I acknowledge by my signature that I will hold the City of DeLand harmless and relieve it from any responsibility or liability for any legal action or damage resulting from this change.

(Contractor/Subcontractor, Owner or Agent)

(Date)

STATE OF FLORIDA, COUNTY OF _____

Affirmed and subscribed before me this _____ day of _____ 20__ by

Who is personally known to me or who has produced _____ (type of ID) as Identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

(Seal)