



City of Brooksville
Building Division
201 Howell Avenue, Brooksville, FL 34601
Phone: 352-544-8301 Fax: 352-544-8306

CHANGE OF CONTRACTOR FORM

Application / Permit Number: _____

Address of Project: _____

Name of Contractor Being Released: _____

New Contractor - Complete This Section:

Company Name of New Contractor Assuming Responsibility: _____

Address of Assuming Party: _____

Qualifiers Name: _____ License Number: _____

Signature of Qualifier: _____ Date: _____

NOTARY FOR CONTRACTOR'S SIGNATURE:

State of Florida County of Hernando

The foregoing was acknowledged before me this _____ day of _____, 2013

By _____, who is personally known to me ____ or has produced
_____ as identification.

Signature of Notary NOTARY STAMP:

Owner - Complete This Section:

At the time the previous contractor is removed from the permit, I, the Owner, shall assume total responsibility for the work completed to that date and hold the City of Brooksville harmless and without liability. I understand that a Change of Contractor fee will apply for this change if the permit has already been issued, and will obtain any additional permits as are necessary to complete the construction on subject property.

Signature of Owner: _____ Date: _____

NOTARY FOR OWNER'S SIGNATURE:

State of Florida County of Hernando

The foregoing was acknowledged before me this _____ day of _____, 2013

By _____, who is personally known to me ____ or produced
_____ as identification.

Signature of Notary NOTARY STAMP: