

Community Development Department Building Division | 727-586-7488

Requested Change of Contractor

Permit Number:	
Address:	
l,(P	roperty Owner), have terminated my construction contract with:
License number:	Effective:
I hereby request that my new Contractor:	
	be approved to take over the permit on my property
	certified letter of the termination of my contract prior to the new is a copy of the certified mail receipt and termination letter for
Signature of Property Owner	Printed Name of Property Owner
STATE OF FLORIDA COUNTY OF PINELLAS	
	before me this day of, 20 by who is personally known to me or has produced
	identification and who did or did not take an oath.
Seal:	Notary Signature