

GROWTH MANAGEMENT DEPARTMENT 201 SE 3<sup>rd</sup> ST, (Second Floor), OCALA, FL 34471 Email to <a href="mailto:building@ocalafl.org">building@ocalafl.org</a>; (352) 629-8421

## **CHANGE OF CONTRACTOR AUTHORIZATION (\$50)**

Permit Number:	
Property Address:	
I(Property Owner Name)	, have terminated my construction contract with
(Previous Contractor Name and S	State License Number)
I request my new contractor(New	Contractor Name and State License Number)
	rty. The new contractor will assume the responsibility for the
OWNER:	t will need to be completed for the contractor change.  NEWLY DESIGNATED CONTRACTOR:
(Property Owner Signature)  The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this day of, 20, by who is personally known to me or has produced Identification. Type of ID produced:	(Contractor Signature)  The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this day of, 20, by who is personally known to me or has produced Identification. Type of ID produced:
Notary Public Signature	Notary Public Signature

Print/Type/Stamp Commissioned Name of Notary Public

Print/Type/Stamp Commissioned Name of Notary Public