

City of Palm Beach Gardens
Building Division
10500 North Military Trail
Palm Beach Gardens, Florida 33410
561.799.4201 fax 561.799.4211
www.pbgfl.com



CHANGE OF
CONTRACTOR FORM

Permit Number: _____

Address of permit: _____

Name of Contractor currently on permit: _____

New Contractor - Complete this section:

Name of Contractor assuming responsibility: _____

Address of assuming party: _____

Qualifier Name: _____ License Number: _____

Signature of Qualifier: _____ Date: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

(Name of person acknowledging)

(Print, type or stamp Commissioned Name of Notary Public)

(Signature of Notary Public)

Personally known _____ OR Produced Identification _____
Type of Identification _____

Owner – Complete this section:

At the time the contractor relinquishes the permit, I, the Owner, shall assume total responsibility for the work completed to that date and hold the City harmless and without liability. **I understand that a Change of Contractor fee will apply for this change if the permit has already been issued.**

Owner's signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

(Name of person acknowledging)

(Print, type or stamp Commissioned Name of Notary Public)

(Signature of Notary Public)

Personally known _____ OR Produced Identification _____
Type of Identification _____