



Change of Contractor Request

Instructions for Change of Contractor Process:

- This form is to be used to change a contractor listed on a permit application or issued permit.
- If the permit or permit application has expired, an extension form will also need to be provided.
- A new Notice of Commencement form will need to be recorded, if applicable.
- An updated Affidavit of Ownership form will need to be provided (attached).
- A \$90 fee will be assessed for each request.
- Email completed form to dsem_intake@leoncountyfl.gov

Permit/Application No: _____ **Date:** _____
Job Address: _____

- Option 1: Existing Contractor Elects to be Removed** (Sections A, B, and C to be Completed)
- Option 2: Principal Contractor Elects to Change a Subcontractor** (Section D to be Completed)
- Option 3: Owner Elects to Terminate Existing Contractor** (Sections B, C, and E to be Completed)

Section A: Existing Principal Contractor

Company Name: _____ License No: _____
 Address: _____
 Phone No: _____ Email: _____

I, _____, contractor listed on permit/permit application No. _____, do hereby acknowledge that I will no longer be providing construction services on this project and would like to have my name and license number removed from this permit/permit application.

Contractor's Signature: _____ Date: _____
 (Must be signed by the license holder)

**STATE OF FLORIDA
 LEON COUNTY**

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 _____ as identification.

 Notary Public Signature

(SEAL)

 Printed Name

Section B: Proposed Principal Contractor

Company Name: _____ License No: _____

Address: _____

Phone No: _____ Email: _____

I, _____, do hereby acknowledge that I will be providing construction services on this project and would like to have my name and license number added to this permit/permit application.

Contractor's Signature: _____ Date: _____

(Must be signed by the license holder)

STATE OF FLORIDA

LEON COUNTY

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 _____ as identification.

Notary Public Signature

(SEAL)

Printed Name

Section C: Owner(s)

Owner Name: _____

Owner Name: _____

Address: _____

Phone No: _____ Email: _____

I/we, _____, legal owner(s) of the property associated with permit/permit application No. _____, do hereby acknowledge this change of contractor request.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

STATE OF FLORIDA

LEON COUNTY

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 _____ as identification.

Notary Public Signature

(SEAL)

Printed Name

Section D: Subcontractor Information

Existing Subcontractor Company Name: _____

License No: _____

Address: _____

Phone No: _____ Email: _____

Proposed Subcontractor Company Name: _____

License No: _____

Address: _____

Phone No: _____ Email: _____

I, _____, principal contractor listed on permit/permit application No. _____ do hereby acknowledge the above change of subcontractor.

Contractor's Signature: _____ Date: _____
(Must be signed by the license holder)

**STATE OF FLORIDA
LEON COUNTY**

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 _____ as identification.

Notary Public Signature

(SEAL)

Printed Name

See next page for section E

Section E: Letter of Notification to Contractor for Termination

(In addition to this form, a certified mail receipt must be provided to the Department)

Contractor Name: _____ License No: _____

Address: _____

Phone No: _____ Email: _____

This letter is to inform you, _____, the contractor, that you are being terminated from Leon County Building Permit No. _____ associated with the project located at _____, as of the following date: _____.

The reason for this termination is due to:

Owner Name: _____

Owner Signature: _____

Owner Name: _____

Owner Signature: _____

STATE OF FLORIDA

LEON COUNTY

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 _____ as identification.

Notary Public Signature

(SEAL)

Printed Name

Approved as to form:
Leon County Attorney's Office
301 South Monroe St., Suite 202
Tallahassee, FL 32301



Leon County
Board of County Commissioners
Department of Development Support &
Environmental Management
435 North Macomb St.
Tallahassee, FL 32301
Phone#: (850) 606-1300
Fax#: (850) 606-1301

Applicant's Affidavit of Ownership & Designation of Agent(s)

Date: _____

I. OWNER INFORMATION

OWNER'S (S') NAME: _____

OWNER'S (S') MAILING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

PARCEL I.D.# (List all numbers for the site subject to this affidavit.): _____

II. DESIGNATION OF AGENT(S)

As the owner(s) of the above-designated property and the applicant(s) for which this affidavit is submitted, I wish to designate the below named party(ies) as my agent in all matters pertaining to the location address and concerning approval(s) and permit(s) required by Leon County. In authorizing the agent(s) named below to represent me or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

(1) Owner's Agent: _____

Address: _____

Contact Phone: _____ Email Address: _____

If the Owner intends the Designation of Agent to be limited in any manner, please indicate the limitation below (i.e., limited to obtaining a Certificate of Concurrency for the parcel; limited to obtaining a building permit application; etc.).

(2) Owner's Agent: _____

Address: _____

Contact Phone: _____ Email Address: _____

If the Owner intends the Designation of Agent to be limited in any manner, please indicate the limitation below (i.e., limited to obtaining a Certificate of Concurrency for the parcel; limited to obtaining a building permit application; etc.).

III. NOTICE TO OWNER(S)

Application is hereby made to obtain approval(s) and permit(s) for the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction and development of land in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, air conditioners, etc. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

All changes in ownership and applicant's agent prior to issuance shall require a new affidavit. If ownership changes, the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

Deed Restrictions and Covenants

Prior to pursuing a permit application, applicants should review any Deed Restrictions and/or Covenants which may apply to a particular site. Applicants should be aware that Deed Restrictions or Covenants are private civil issues and therefore are not enforced or reviewed by the County. Based on this information, I hereby acknowledge that I have been advised that I should seek out and obtain information on my own to identify if there are any Deed Restrictions and/or Covenants on the use of the site associated with this permit application. _____ Owner's Initials

Public Record Information

Chapter 119, Florida Statutes, Section 119.071(4)(d) Subparagraphs a.-r. exempt the public release of select information pertaining to the name, address, and phone numbers of certain public employees, e.g. law enforcement personnel, their spouses and children.

Do you or your spouse fall into one of these protected categories? Yes ___ No ___

If yes, do you want the exempt information that is included on this application withheld from the public, or from any official public record request? Yes ___ No ___

The authenticity of the request to withhold this specific information from the public as specified in Chapter 119, Florida Statutes is subject to verification by this Department. _____ Owner's (s') Initials

Access to Property

By submitting this application, I (we) am (are) providing permission for Leon County personnel to inspect at reasonable times the property and work required under any permit issued under this application for compliance with applicable codes as specified in Leon County's Code of Laws, Chapter 10, Section 10-1.105 and 10-4.212. Unless the inspection requires entry into a private residence, no further permission will be required.

_____ Owner's (s') Initials

Modifications

Any changes to the limits of clearing, structure location/orientation, elevations, or drainage patterns shown on the approved plans may require additional review and new approval by Leon County.

_____ Owner's (s) Initials

WARNING TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

I (we), _____, certify that I (we) am (are) the owner(s), as defined by Sections 10-1.101 or 10-4.201(a) of the Leon County Code of Laws, of the property described herein.

OWNER SIGNATURE (1):

OWNER SIGNATURE (2):

NOTARY PUBLIC – CROSS THROUGH NOTARY SECTIONS NOT USED

STATE OF:

COUNTY OF:

For an individual or individuals acting in his, her or their own right; or

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization this ___ day of _____, 20 ___, by _____, who is personally known to me or who has produced _____ as identification.

(type of identification produced)

For Corporation or Governmental Entity; or

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization this ___ day of _____, 20 ___, by _____, as _____ of _____, a _____ corporation, on behalf of the corporation.

(name of officer or agent, title of officer or agent)

(office held)

(name of corporation)

(state)

He/she is personally known to me or has produced _____ as identification.

(type of identification produced)

For Partnership

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization this ___ day of _____, 20 ___, by _____, partner on behalf of _____ a partnership. He/she is personally known to me or has produced _____ as identification.

(name of acknowledging partner)

(name of partnership)

(type of identification produced)

Notary Seal

Signature of Notary

Print Name of Notary

Title or Rank