

CITY OF CORAL GABLES

BUILDING & ZONING DEPARTMENT
405 BILTMORE WAY
CORAL GABLES, FL 33134

CHANGE OF CONTRACTOR/ARCHITECT/ENGINEER

PERSON REQUESTING CHANGE MUST BE LEGAL OWNER OR CURRENT CONTRACTOR

I HEREBY REQUEST A CHANGE OF CONTRACTOR/ARCHITECT FOR PERMIT NO. _____

JOB ADDRESS: _____

OWNER: _____

CURRENT CONTRACTOR/ARCHITECT/ENGINEER NAME: _____

ADDRESS: _____

NEW CONTRACTOR/ARCHITECT/ENGINEER: _____

ADDRESS: _____

REASON FOR CHANGING CONTRACTOR/ARCHITECT/ENGINEER: _____

I AGREE TO HOLD THE CITY OF CORAL GABLES, ITS AGENTS AND AUTHORIZED PERSONNEL,
HARMLESS AND RELIEVE THEM FROM ANY RESPONSIBILITY FOR DAMAGE, COSTS OR
EXPENSES, INCLUDING ATTORNEY'S FEES, RESULTING FROM THE CHANGE OF CONTRACTOR
FOR THE EXISTING PERMIT, OR THE ISSUANCE OF THE NEW PERMIT.

PERSON REQUESTING CHANGE OF CONTRACTOR/ARCHITECT/ENGINEER:

(Print Name)

(Signature)

STATE OF FLORIDA)
COUNTY OF DADE)

THE PERSON WHOSE SIGNATURE (S) APPEAR ABOVE, DEPOSES AND SAYS THAT HE/SHE IS THE
LEGAL OWNER OR CURRENT CONTRACTOR ON THE ABOVE PERMIT.

SWORN TO AND SUBSCRIBED BEFORE ME ON THE _____ DAY OF _____
19____.

MY COMMISSION EXPIRES:

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE