



GROWTH MANAGEMENT DEPARTMENT
201 SE 3rd ST, (Second Floor), OCALA, FL 34471
(352) 629-8421; FAX: (352) 629-8264

City of Ocala

CHANGE OF CONTRACTOR AUTHORIZATION (\$50)

Permit Number: _____

Property Address: _____

Building Official: _____

I _____, have terminated my construction contract with
(Property owner/contractor name)

(Contractor name/business/license number)

I request my new contractor _____
(Contractor name/business/license number)

be approved to take over the permit on my property. This new contractor will assume the responsibility for the entire project. **The new contractor will be required to obtain a new permit under his license.**

I hereby acknowledge that I have read and understood the above affidavit on this ____ day of _____, 20____.

(Signature of Owner/Agent/Contractor) (Printed Name)

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,

by _____ Personally known or _____ Produced ID _____
(Name of person making statement) (Type of ID)

Notary Signature: _____ Notary Name Printed: _____

Commission Number: _____