



CONTRACTOR

Change of Sub-Contractor

\$50.00 Fee will be collected at the time of request

Fill out permit application with new contractor information

DATE _____ PERMIT # _____

CONTRACTOR NAME _____

TELEPHONE # _____ CELL PHONE # _____

JOBSITE ADDRESS _____

ORIGINAL CONTRACTOR _____

LICENSE # _____

NEW CONTRACTOR _____

LICENSE # _____

REASON (S) FOR CHANGE OF CONTRACTOR _____

This instrument is for the purpose of advising all concerned that the person(s) whose signatures appear below will hold the Building Official of the Building Code Services Division and Okeechobee County harmless as a result of this Change of Contractor.

The undersigned agrees to indemnify and hold harmless and defend Okeechobee County, its agents, servants and employees from and against any claims arising out of this Change of Contractor through the act, error, omission, or negligent act of the undersigned, it's or their agents, servants, or employees or any act, error or omission or negligent act for which Okeechobee County or its agents, servants, servants or employees are alleged to be liable.

Signature of General Contractor _____

State of Florida
County of _____

Affirmed and subscribed before me this _____ day of _____, _____ by _____ who is personally known to me or who has produced _____ as identification.

Signature of Notary

Print, Type or Stamp Name of Notary