City of Lake City - Growth Management
173 NW Hillsboro St. Lake City, FL 32055 Ph:
386-719-5754 Email: Permits@lcfla.com

Change of Contractor

PERMIT #_____

PROPERTY ADDRESS:				
LEGAL DESCRIPTION:	SECTION	BLOCK	LOT	Parcel ID#

OWNER INFORMATION

NAME PHONE#

MAILING ADDRESS

CONTRACTOR INFORMATION

NEW CONTRACTOR QUALIFIER'S NAME

MAILING ADDRESS PHONE #

EMAIL ADDRESS STATE LIC. #

PREVIOUS CONTRACTOR QUALIFIER'S NAME

REASON FOR CHANGE OF CONTRACTOR: ○ Non-performance of contract ○ Contract disputes ○ Abandonment of contract ○ Contractor is deceased

I, _____ the owner, acknowledge that the previous contractor will be removed from the permit listed above. I shall assume full responsibility for the work completed by the previous contractor and hold the City of Lake City, its officers, agents, and employees, including but not limited to Building Official(s), harmless and without any liability for the removal of my previous contractor and any work performed before, during or after such removal. **I understand that a Change of Contractor fee will apply for this change if the permit has already been issued, and that any sub-permits which may exists at this time must be re-applied for in order to move forward. Additionally, a new Notice of Commencement will be required per F.S. 713.13.5(a).**

_____
Contractor Signature Date

_____
Print Name

_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

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.

_____
Owner Signature Date

_____
Print Name

_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

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.