



TOWN OF OCEAN RIDGE

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435
(561) 732-2635 Main ♦ (561) 737-8359 Fax
oceanridgeflorida.com ♦ permit@oceanridgeflorida.com

Change of Contractor Request Form

Permit: _____ Permit Address: _____

SECTION A (RELEASED CONTRACTOR)

Name of Contractor/Company Being Released: _____

Name of Qualified/Authorized Agent: _____

Signature of Above: _____ Date: _____

Contractor's License No. _____

NOTARY SECTION

STATE OF FLORIDA
COUNTY OF _____

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

Stamp/Seal

Notary Signature: _____

Personally known: _____ or ID #/Type: _____

SECTION B (NEW CONTRACTOR)

Name of Company Assuming All Responsibility Under Terms of Permit: _____

Print Name of Qualifier/Authorized Agent: _____

Complete Address of Assuming Party: _____

Signature of Above: _____ Date: _____

Contractor's License No. _____

NOTARY SECTION

STATE OF FLORIDA
COUNTY OF _____

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

Stamp/Seal

Notary Signature: _____

Personally known: _____ or ID #/Type: _____



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Section C (Property Owner)

I, the Owner, acknowledge that the previous contractor was removed from the permit number listed above and, I, the Owner, shall assume full responsibility for the work completed by the previous contractor and hold the Town of Ocean Ridge, its agents, employees, and elected officers harmless and without liability for the removal of my previous contractor and any before, during, or after, such removal. At the time the contractor relinquishes the permit I, the owner, shall assume total responsibility for the work completed to that date and hold the Town harmless.

I understand that if a separate Notice of Commencement was filed under the name of the contractor being changed, a certified copy of the new Notice of Commencement must be submitted to the Building Department before the work may continue.

Property Owner's Signature: _____

Witness my hand and seal this _____ day of _____, 20_____.

Stamp/Seal

Notary Signature: _____

Personally known: _____ or ID #/Type: _____

Building Department Use Only:

Paid: \$ _____ cash _____ check # _____ Date Paid: _____

Building Official: _____ Date: _____