



City of Deltona
Building and Zoning Services Department
2345 Providence Blvd
Deltona, FL 32725
Ph (386) 878-8650 – Fax (386) 878-8651

CHANGE OF CONTRACTOR/SUBCONTRACTOR FORM

I, _____, do hereby request that _____)
(Name of contractor/subcontractor, Owner or Agent)

_____, who is my _____ contractor/subcontractor
(Contractor's license number) *(Electrical, Mechanical, Gas, Plumbing, Roofing)*

be removed as the contractor/subcontractor of record on permit # _____ at
_____ and be replaced by _____
(Address of permitted property) *(Contractor /subcontractor/ License Number)*

_____.

I acknowledge by my signature that I will hold the City of Deltona harmless and relieve it from any responsibility or liability for any legal action or damage resulting from this change.

(Contractor/Subcontractor, Owner or Agent) _____
(Date)

STATE OF FLORIDA, COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____ 20____ by _____
who is personally known to me or who has produced _____ (type of ID)
identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary (SEAL)