



CITY OF PORT ORANGE

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
1000 CITY CENTER CIRCLE
PORT ORANGE, FLORIDA 32129
TELEPHONE 386-506-5602
FAX 386-506-5699
www.Port-Orange.org

CHANGE OF CONTRACTOR

DATE: _____ PERMIT #: _____
OWNER'S NAME: _____ PHONE #: _____
OWNER'S ADDRESS: _____
JOBSITE ADDRESS: _____
ORIGINAL CONTRACTOR: _____ LICENSE #: _____
NEW CONTRACTOR: _____ LICENSE #: _____

EXPLANATION FOR CHANGING CONTRACTOR:

Please attach a copy of the letter signed by the original contractor releasing the original permit from the job.

Owner's Signature _____

New Contractor's Signature _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization on this _____ by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Public, Commission No. _____

(Name of Notary typed, printed or stamped)