



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

CHANGE OF CONTRACTOR

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

EXPLANATION FOR CHANGING CONTRACTOR

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

Signature of Owner _____

Signature of New 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