



# CITY OF WINTER SPRINGS

1126 East State Road 434  
Winter Springs, FL 32708  
Phone: 407-327-1800 Fax: 407-327-4784  
www.winterspringsfl.org

## CHANGE OF CONTRACTOR FORM

Permit Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Original** General or Sub-Contractor: \_\_\_\_\_

Certificate/License Number: \_\_\_\_\_

**New** General or Sub-Contractor: \_\_\_\_\_

Certificate/License Number: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

I as the new general contractor agree to assume responsibility of the project and any future fees associated with the permit above. I will also complete all associated work and obtain all required final inspection. When changes are requested a reprint fee for an update job site card will be required.

X \_\_\_\_\_  
**Original** General or Sub-Contractor Signature

X \_\_\_\_\_  
**New** General or Sub-Contractor Signature

STATE OF FLORIDA,  
COUNTY OF SEMINOLE

STATE OF FLORIDA,  
COUNTY OF SEMINOLE

Sworn to (or affirmed) and subscribed, under penalty  
Of perjury, before me this

Sworn to (or affirmed) and subscribed, under penalty  
Of perjury, before me this

\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

BY \_\_\_\_\_  
Produced Identification or Personally Known

BY \_\_\_\_\_  
Produced Identification or Personally Known

Identification Type Produced \_\_\_\_\_

Identification Type Produced \_\_\_\_\_

State of \_\_\_\_\_

State of \_\_\_\_\_

Seal:

Seal: