



CITY OF WINTER SPRINGS

1126 East State Road 434
Winter Springs, FL 32708
Phone: 407-327-5963 Fax: 407-327-4784
customerservice@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: