



# 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 SUB-CONTRACTOR FORM

Permit Number: \_\_\_\_\_  Change of Sub-Contractor  
 Addition of a New Sub-Contractor

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

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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: