



Building Construction Services
 Central Permitting
 8661 Citizens Drive, Suite 100
 New Port Richey, FL 34654

Change of Subcontractor Request

Date: _____

Permit Number(s):

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We request our Permit record(s) be revised to reflect the following Licensed Professional change:

Current Subcontractor Name & Address	License Number	New Subcontractor Names & Address	License Number
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		X X X X	
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We understand there is a fee for this service which must be paid prior to the record update. This form requires a signature of the **Primary License Holder ONLY, NOT authorized agents.**

 Requested by (Signature)

 Printed Name

STATE OF FLORIDA
 COUNTY OF _____.

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this ____ day of _____, 2_____, by _____.

(NOTARY SEAL)

 (Signature of Notary Public-State of Florida)

 (Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____