



**City of South Bay**  
 Department of Community Development  
 335 SW 2<sup>nd</sup> Ave.  
 South Bay, Fl. 33493  
 Phone 996-6751 Fax 996-0698

**CHANGE OF CONTRACTOR FORM**

Permit No. \_\_\_\_\_  
 Address of Project \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
 Subdivision \_\_\_\_\_  
 Date: \_\_\_\_\_

Name of party assuming all responsibility under terms of permit \_\_\_\_\_  
 Address of party \_\_\_\_\_

City of South Bay Occ. License Number \_\_\_\_\_ Date \_\_\_\_\_

NOTARY:  
 Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires \_\_\_\_\_ Signature \_\_\_\_\_

Authorized signature of above \_\_\_\_\_

SEAL

At the time the contractor relinquishes the permit I, the owner, shall assume total responsibility for the work complete to that date and hold the City of South Bay harmless.

Owner's Signature: \_\_\_\_\_

NOTARY:  
 Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires \_\_\_\_\_ Signature \_\_\_\_\_

SEAL

APPROVED: Date \_\_\_\_\_

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\*\*\*\*\* THIS FORM MUST BE SIGNED BY BOTH PARTIES \*\*\*\*\*