



# City of Greenacres

## Building Department

5800 Melaleuca Lane, Greenacres, Florida 33463-3515  
Ph: 561-642-2052 Fax: 561-642-2049 www.ci.greenacres.fl.us

(OFFICE USE)

### CHANGE OF CONTRACTOR

This form is to be completed by the property owner and/or the qualifier on record for the current permit. A new permit will not be processed until a new permit application is completed with new contractor information and signatures along with a \$35 transfer fee.

**NOTICE: A new Notice of Commencement must be filed in the new contractor's name for job value's greater than \$2,500 (\$7,500 if A/C Change-out). A certified copy must be submitted prior to commencing any work.**

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

Job Address: \_\_\_\_\_

### CONTRACTOR OF RECORD

Company Name: \_\_\_\_\_ Qualifier Name: \_\_\_\_\_

I hereby certify that I am the contractor of record for the above permit; I relinquish control of this jobsite and authorize the City of Greenacres to close this permit or transfer it to a new contractor as of \_\_\_\_\_  
(Date)

Qualifier Signature: \_\_\_\_\_ State/Cnty License#: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Print, type or stamp name of Notary Public)

### PROPERTY OWNER

I hereby certify that I am the owner of the above said property and I request the City of Greenacres to cancel and/or transfer the above permit. I shall assume full responsibility for the work completed to this date and hold the city harmless and without liability.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Print, type or stamp name of Notary Public)