



City of Belle Glade

110 Dr. Martin Luther King Jr. Blvd. West
Belle Glade, FL 33430-3900
P: 561-518-0111 F: 561-993-1811

Permit No. _____

Date: _____
(\$30 fee to be paid at time of application)

Change of Contractor Application

Property Information:

City: 04 Range: _____ Township: _____ Section: _____ Subdv: _____ Block: _____ Lot: _____

Site Address: _____
Number Street City Zip

Owner's Name: _____ Phone: _____

Owner's Address: _____
Number Street City Zip

Project Information: ☐ Residential ☐ Commercial

Describe Scope of Project: _____

Describe estimated level of completion: _____

Proposed Contractor's/Owner-Builder Information:

Qualifier's Name: _____ License No: _____
Last First

Company Name: _____

Company Address: _____
Number Street City Zip

Fax: _____ Phone: _____ Email: _____

* Include one copy of Contractor's State/County License, General Liability Cert. and Worker's Comp Cert. or Exemption

* If applying as owner-builder, a completed owner-builder affidavit is required with this application.

Change of Subcontractor Information:

Plumbing: _____ Lic. No. _____ Signature: _____

Electrical: _____ Lic. No. _____ Signature: _____

Mechanical: _____ Lic. No. _____ Signature: _____

Roofing: _____ Lic. No. _____ Signature: _____

Other: _____ Lic. No. _____ Signature: _____

Other: _____ Lic. No. _____ Signature: _____

Other: _____ Lic. No. _____ Signature: _____

* Include one copy of Subcontractor's State/County License and Worker's Comp Certificate or Exemption

* Owner-builder or Contractor's notarized signature is required to verify authorization of change of subcontractors.

Subcontractor's signature above indicates their agreement to comply with all applicable Federal, State and Local Codes and Ordinances associated with this application, the original application package and the issuance of the original permit for this job.

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Address: _____ **Date:** _____

***** NOTICE:** In addition to the requirements of the original permit, there may be additional restrictions applicable to this property that may be found in the public records of this county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

APPLICANT'S AFFIDAVIT:

Application is hereby made to assume total responsibility for all work that has been performed to date on this project as is indicated in the original building permit application package and as may have been amended. I acknowledge and accept full responsibility for compliance with all applicable codes, regulations and ordinances as well as the payment of all legally constituted fees which remain unpaid regarding this development application, including but not limited to ALL REVIEW FEES, PERMIT FEES, IMPACT FEES AND RESERVATION FEES.

Contractor

Signature: _____ Date: _____

State of Florida
County of Palm Beach

Subscribed and sworn to before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification, and who did/did not take an oath.

Notary Public Signature: _____
Seal

Owner:

Signature: _____ Date: _____

State of Florida
County of Palm Beach

Subscribed and sworn to before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification, and who did/did not take an oath.

Notary Public Signature: _____
Seal