



Planning, Zoning & Building: 12300 West Forest Hill Boulevard, Wellington, FL 33414
Phone: (561) 753-2430 Fax: (561) 791-4045
www.wellingtonfl.gov

CHANGE OF CONTRACTOR FORM

Permit No. _____ Permit Type _____
Address of Project _____ Lot _____ Block _____
Owner/Contractors Name: _____
Date _____

Name of party assuming all responsibility under terms of permit

Name of party/contractor: _____

Address of party _____

Contractor License Number _____ License Type: _____

Print Name of qualifier: _____

Qualifier signature: _____

NOTARY: State of Florida, County of Palm Beach

The following was acknowledged before me and seal this _____ day of _____, 20_____

By _____, who is personally known to me or who produced _____ as
Identification. Type of ID

Signature of Notary _____

SEAL

Property Owner

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

Print name of owner: _____

Owner's Signature: _____

NOTARY: State of Florida, County of Palm Beach

The following was acknowledged before me and seal this _____ day of _____, 20_____

By _____, who is personally known to me or who produced _____ as
Identification. Type of ID

Signature of Notary _____

SEAL

Sub Permits Affected: Yes No

APPROVED: _____ Date _____

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