

CHANGE OF CONTRACTOR / LICENSE HOLDER

CHANGE FORM

In the event that a new contractor/license holder takes over an existing construction project for work done within the Central Florida Tourism Oversight District (the District), the following must be provided, in addition to this completed form:

1. New Permit Application form, signed and notarized by the contractor/license holder and owner.
2. New recorded county-stamped copy of a Notice of Commencement, if the valuation of the work is over \$5,000.
3. Owner Valuation Verification Form and contract valuation breakdown, if the contract includes scope permitted by subcontractors.
4. Permit Release Form when change of contractor from one licensed contractor/license holder to another licensed contractor/license holder.
5. Change of Contractor fee as stated in the current Fee Schedule. Note: Additional permit fees may apply if there is a change of scope from original approved plan review. Also, if the permit is Expired, permit renewal fee equal to the original fee or the Change of Contractor fee (whichever is greater) shall apply.
6. Authorized agent or power of attorney of the contractor/licensed holder must email this form and all of the above to: Permitting@oversightdistrict.org.

Additional items that may apply include:

- An inspection scheduled and conducted to determine end of contract work and results documented, for previously commenced work.
- Any change in original scope of permitted work will require a new permit application amendment with accompanying plans and fees.

The current permit number will be maintained for the new contractor/license holder and the permit will need to be re-issued.

NEW CONTRACTOR/LICENSE HOLDER INFORMATION

Project Name: _____ Permit #: _____

Project Address: _____

Owner/Operating Participant (OP) Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Current Contractor/License Holder or Design Professional *: _____ Phone: _____

* If original application was applied by a Design Professional, please select Yes if they are to remain on the permit for access via ACA Yes / No

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Current License #: _____

New Contractor/License Holder: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ New License #: _____

NOTARY

<p style="text-align: center;">Signature of Owner / Operating Participant</p> <hr/> <p style="text-align: center;">Print Name</p> <p>State of Florida, County of _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____</p> <p><input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification</p> <p style="text-align: center;">Type of Identification</p> <hr/> <p>Notary to Owner / OP: _____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center; font-size: small;">Notary Stamp Here</p>	<p style="text-align: center;">Signature of New Contractor/License Holder</p> <hr/> <p style="text-align: center;">Print Name</p> <p>State of Florida, County of _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____</p> <p><input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification</p> <p style="text-align: center;">Type of Identification</p> <hr/> <p>Notary to Contractor / License Holder: _____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center; font-size: small;">Notary Stamp Here</p>
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