



ORANGE COUNTY DIVISION OF BUILDING SAFETY
CHANGE OF CONTRACTORS

To change Contractors on an active permit, the following is needed:

1. An original notarized letter from the property owner requesting a change of contractor.
2. An original notarized letter from the license holder willingly relinquishing their active permit (s) for the specific job to be changed to the new contractor.
3. An original notarized letter from the new contractor accepting and assuming all responsibilities for the job.
4. Complete Building, Electrical, Plumbing, or Mechanical Permit Application Information form (page 2) for any permit, where job cost is \$2,500 or more.
5. Record new Notice of Commencement indicating new contractor for any permit where job cost is \$2500 or more. Provide certified copy to the Division of Building Safety.
6. \$26.00 for an amended permit for contractor change.

Should any of the parties disagree and not provide the notarized statement as requested, a new permit with full permit fee for the entire project will be required for the new contractor.

Please contact Plans Coordination at 407-836-5760 in case of any questions

Change of Contractor Letter
(Owner or General Contractor)

I, _____, am requesting a change of contractor at project
(Name of Contractor)

located at _____, permit number _____ from
(Complete Address)

_____ to _____
(Old Contractors Name) (New Contractors Name)

License Holder/Homeowner: _____
(Name)

License Number: _____

Company Name: _____

Address: _____

_____ City State Zip Code

License Holder/Homeowner Signature: _____

STATE OF FLORIDA
COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____, _____, by the above referenced individual, _____, who acknowledged that he/she is a duly licensed contractor with _____, and who acknowledged that he/she was authorized to execute this document. He/she is either personally known to me _____ or produced _____ as valid identification.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public

Printed Name: _____

My Commission Expires: _____

Change of Contractor Letter
(Old contractor information)

I, _____, am requesting that my permit number
(Name of Contractor)
_____ for job located at _____,
(Address)
be voided and a new permit issued to _____,
(New License Holder's Name)
as I am voluntarily giving up full responsibility of the job.

License Holder: _____
(Name)

License Number: _____

Company Name: _____

Address: _____

City	State	Zip Code
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License Holder Signature: _____

STATE OF FLORIDA
COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____,
_____, by the above referenced individual, _____, who
acknowledged that he/she is a duly licensed contractor with _____,
and who acknowledged that he/she was authorized to execute this document. He/she is
either personally known to me _____ or produced _____
as valid identification.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public

Printed Name: _____

My Commission Expires: _____

Change of Contractor Letter
(New contractor information)

I, _____, am taking full responsibility for the entire
(Name of Contractor)
project located at _____ . Original permit
(Complete Address)
number _____.

License Holder: _____
(Name)

License Number: _____

Company Name: _____

Address: _____

City State Zip Code

License Holder Signature: _____

STATE OF FLORIDA
COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____,
_____, by the above referenced individual, _____, who
acknowledged that he/she is a duly licensed contractor with _____,
and who acknowledged that he/she was authorized to execute this document. He/she is
either personally known to me _____ or produced _____
as valid identification.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public
Printed Name: _____
My Commission Expires: _____

Building Permit Application Information

Owner's Name _____

Owner's Address _____

Fee Simple Titleholder's Name (If other than owner's) _____

Fee Simple Titleholder's Address (If other than owner's) _____

City _____ State _____ Zip Code _____

Contractor's Name _____

Contractor's Address _____

City _____ State _____ Zip Code _____

Job Name _____

Job Address _____ SUITE/UNIT _____

City _____ State _____ Zip Code _____

Bonding Company Name _____

Bonding Company Address _____

City _____ State _____ Zip Code _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, MECHANICAL, ETC.

OWNER'S AFFIDAVIT: *I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.*

WARNING TO OWNER: *Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend financing, consult with your lender or an attorney before recording your Notice of Commencement.*

Signature _____

Signature _____

The foregoing instrument was acknowledged before me this ____ / ____ / ____

The foregoing instrument was acknowledged before me this ____ / ____ / ____

by _____ who is personally

by _____ who is personally

known to me and who produced _____

known to me and who produced _____

_____ as identification and who

_____ as identification and who

did not take an oath.

did not take an oath.

Notary as to Owner _____

Notary as to Cont. _____

Commission No. _____

Commission No. _____

State of FL. County of _____

State of FL. County of _____

My Commission expires: _____

My Commission expires: _____

(SEAL)

(SEAL)

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____ Contractor's Certificate of Competency No. _____

Application Approved by _____

Permit Number:
Folio/Parcel Identification Number:
Prepared by:

Return to:

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)

2. **General description of improvement(s)**

3. **Owner information**

Name _____ Telephone Number _____
Address _____ Interest in Property _____

4. **Fee Simple Title Holder** (if other than owner shown above)

Name _____ Telephone Number _____
Address _____

5. **Contractor**

Name _____ Telephone Number _____
Address _____

6. **Surety** (if any)

Name _____ Telephone Number _____
Address _____ Amount of bond \$ _____

7. **Lender** (if any)

Name _____ Telephone Number _____
Address _____

8. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**

Name _____ Telephone Number _____
Address _____

9. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**

Name _____ Telephone Number _____
Address _____

10. **Expiration date of notice of commencement** (the expiration date is one year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

11.

Signature of Owner

Signatory's Printed Name/Title/Office

(or Owner's Authorized Officer/Director/Partner/Manager §713.13[1][d])

The foregoing instrument was acknowledged before me this _____ day of _____ by _____
(year) (name of person)

as _____ for _____
(Type of authority, e.g., officer, trustee, attorney in fact) (Name of party on behalf of whom instrument was executed)

Signature of Notary Public – State of Florida

(Print, type, or stamp commissioned name of Notary Public)

Personally Known _____ OR Produced ID _____
Type of ID Produced _____

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing on Line 11-Above