



City of Port St. Lucie Building Department
 121 SW Port St. Lucie Blvd
 Port St. Lucie, FL 34984
 772-871-5132 • Web Site: www.cityofpsl.com/building

Change of Contractor

PERMIT # _____

PROPERTY ADDRESS:				
LEGAL DESCRIPTION:	SECTION	BLOCK	LOT	Parcel ID#
OWNER INFORMATION				
NAME			PHONE#	
MAILING ADDRESS				
CONTRACTOR INFORMATION				
NEW CONTRACTOR			QUALIFIER'S NAME	
MAILING ADDRESS			PHONE #	
EMAIL ADDRESS			PSL COMP # STATE LIC. #	
PREVIOUS CONTRACTOR			QUALIFIER'S NAME	
REASON FOR CHANGE OF CONTRACTOR: <input type="radio"/> Non-performance of contract <input type="radio"/> Contract disputes <input type="radio"/> Abandonment of contract <input type="radio"/> Contractor is deceased				

I, _____ the owner, acknowledge that the previous contractor was will be removed from the permit listed above. I shall assume full responsibility for the work completed by the previous contractor and hold the City of Port St. Lucie, its officers, agents, and employees, including but not limited to Building Official(s), harmless and without any liability for the removal of my previous contractor and any work performed before, during or after such removal. **I understand that a Change of Contractor fee will apply for this change if the permit has already been issued, and that any sub-permits which may exist at this time must be re-applied for in order to move forward. Additionally, a new Notice of Commencement will be required per F.S. 713.13.5(a).**

 New Contractor Signature Date

 Owner Signature Date

 Print Name

 Print Name

 NOTARY PUBLIC, State of Florida

[NOTARIAL SEAL]

STATE OF FLORIDA
 COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.