

CHANGE OF CONTRACTOR

Permit #	Project Address
Name of Property Owner	Phone #:
Original Contractor	
New Contractor:	License #:
Company Name:	Phone #:
Contractor Address:	
Contact Person:	Email:
work and to hold the Building Offici	for the above referenced permitted project, including all previously completed ial and the City of Cape Coral harmless and relieve them from any responsibility of damage resulting from work performed by previous contractors.
Printed Name of Contractor	
Signature of Contractor	
STATE OF	COUNTY OF
Sworn to (or affirmed) and subscrib	ped before me, by means of physical presence or online
notarization, on this day	of20by
who is personally known or produc	ed as identification.
	Exp Date: Commission Number:
	Signature of Notary Public:
	Printed Name of Notary Public: