



City of Minneola
800 N. US Highway 27
Minneola, FL 34715
(352) 394-3598 x 182
minneola@safebuilt.com
www.minneola.us

CHANGE OF CONTRACTOR

Job Address: _____ Permit #: _____
Owners Name/Address: _____
Owners Phone Number: _____

Current Contractor of Record

Name: _____ Phone #: _____
Address: _____

New Contractor of Record

Name: _____ Phone #: _____
Address: _____
License Number: _____

This form must be signed by the Owner and the New Contractor of Record:

Contractor Signature

Date

STATE OF FLORIDA, COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this

_____ day of _____, 20____, by means of _____

physical presence or _____ online notarization who is
personally known to me or has produced

_____ as identification

Notary: _____

Seal:

Owners Signature

Date

STATE OF FLORIDA, COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this

_____ day of _____, 20____, by means of _____

physical presence or _____ online notarization who is
personally known to me or has produced

_____ as identification

Notary: _____

Seal: