

**City of Belleair Bluffs**

727.202.6825 Phone

727.258.4986 Fax

belleairbluffs@safebuilt.com

<http://safebuilt.com/locations/florida-gulf-coast-office>**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/Contractor and the New Contractor of Record:_____
Contractor/Owner Signature_____
Date_____
New Contractor of Record Signature_____
DateSworn to and subscribed before me this _____
day of _____, 20____.Personally know to me _____ OR produced
_____ as identification.

Notary: _____

Seal:

Sworn to and subscribed before me this _____
day of _____, 20____.Personally know to me _____ OR produced
_____ as identification.

Notary: _____

Seal: