

City of Pompano Beach

Department of Development Services Building Inspections Division

100 W. Atlantic Blvd Pompano Beach, FL 33060 **Phone:** 954.786.4670 **Fax:** 954.786.4677

Change of Sub-Contractor

Modified: 10.22.2012

Permit Number:		Date:		
Job Address:		_ Pompano Bea	ach, FL(Zip Code)	
Subdivision (If Acreage, attach legal description.)		Block	Lot(s)	
Job Description:				
Original Contractor	 Propo lorida Building Cod	Proposed New Contractor:		
Broward County A 105.13.4 Upon request of the owner and/or permit holder a abandoned or that the contractor is unable or unwilling to com without the initial permit being revoked or suspended. 105.13.4.1 The foregoing will be permitted only when t reason for a second permit being required and holding th notified before action is taken.	mendments Chapter nd on investigation by plete the contract a seco the following stated person the Building Official har	1 - Administrati the Building Offi nd permit may be i sons have filed wit mless from legal in	cial to determine that the work has been ssued where there is a change of contractor th the Building Official a letter stating the avolvement. All interested parties shall be	
105.13.4.1-1 Where a sub-contractor or special hold - harmless letter.	y contractor is the perm Hold Harmless	iit noider the owne	r or prime contractor snall both file such	
BUILDING OFFICIAL: As legal owner of the above mentioned property, and pur second permit for the referenced project, for the followin			=	
I HEREBY apply as owner, or authorize to construct or complete the construction on referenced p		to ap	oply for such permits as are necessary	
I agree to hold the City of Pompano Beach, its officers from any responsibility or liability for any legal action acknowledge that as the owner, I am responsible for operformed under the prior permit.	and employees harm or damage which m	ay result from th	e issuance of a new permit. I further	
I,	lty contractor for the s and relieve the City	reasons set forth , its Officers and		
Owner Signature STATE OF FLORIDA- COUNTY OF BROWARD Sworn to (or affirmed) and subscribed before me this	STATE		ture OUNTY OF BROWARD I subscribed before me this	
day of, 20 by		day of	, 20 by	
Type/ Print Owner's Name	Type/ I	Print Prime Contrac	tor's Name	
NOTARY (print or stamp) as to Owner or Agent (Signat Name & Title Personally Know OR Produced Identification	Name	& Title	np) as to Owner or Agent (Signature) R Produced Identification	
Type of Identification Produced			roduced	