



SEMINOLE TRIBE OF FLORIDA
TRIBAL INSPECTOR' DEPARTMENT
6363 TAFT ST. SUITE 308 | HOLLYWOOD, FL. 33024
OFFICE: (954) 894-1080 FAX: (954) 989-1571
EMAIL: BUILDINGDEPT@SEMTRIBE.COM

CHANGE OF CONTRACTOR/SUBCONTRACTOR FORM

RE: Permit # _____

Job Address: _____

PLEASE CHECK ONE:

- | | |
|---|--|
| <input type="checkbox"/> Change Sub-Contractor | <input type="checkbox"/> Change of Primary Contractor |
| <input type="checkbox"/> Elec <input type="checkbox"/> Plum <input type="checkbox"/> Mech <input type="checkbox"/> Roof | <input type="checkbox"/> Change of Qualifier Only |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Change from Owner/Builder to Contractor |
| | <input type="checkbox"/> Change from Contractor to Owner/Builder |

I request to change the contractor/sub-contractor FROM: _____

TO: _____

_____ (Primary Contractor's registered name) (name of authorized person or entity requesting re-issuance of permit) agrees to indemnify and hold harmless the TRIBAL INSPECTOR'S DEPARTMENT and its employees and agents (including the Building Official) from any legal action or damage resulting from the re-issuance of this permit. I further assume responsibility for correction, if required, of work performed under the original permit. All interested parties have been notified of my intention to change the contractor of record for this permit.

All interested parties have been notified of my intention to change the contractor of record for this permit. The proof shall be either a copy of a certified registered letter sent to the contractor or a notarized letter from the contractor stating he/she is aware of and has no objection to the Change of Contractor request. A new completed permit application with the new contractor information must be included with the submittal of this form.

Dated the _____ day of _____, 20____

By: Print _____ By: Signature _____
Primary Contractor Qualifier Primary Contractor Qualifier

Sworn to and subscribed before this _____ day of _____, 20 ____, by

_____ who is personally known to me _____ or produced _____
as identification.

Notary Public

Print Name of Notary Public