

BUILDING DIVISION

1600 Huntington Lane, Rockledge, FL 32955
Phone: 321-221-7540 | Fax: 321-204-6356



CHANGE OF CONTRACTOR REQUEST

Building Permit # _____

Site Address: _____

All contractors must have an active and current general liability and worker's compensation insurance.

- Completed Application for Building Permit – signed and notarized. (If owner acting as contractor, owner must sign application and submit an Owner/Builder Application for Contractor Exemption)
- Subcontractor Authorization for each names subcontractor, if applicable.
- One (1) copy of recorded Termination of Notice of Commencement
- One (1) copy of recorded Notice of Commencement
- Any other documents that require the contractor's name or signature
- Statement from the new contractor assuming responsibility for any work to date that has not been inspected and approved by a City of Rockledge Building Inspector

As the property owner, I attest, by my signature on this form that I have notified the current contractor that he/she has been discharged from this job.

Signature of Owner

Date

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced the following as identification _____, and who did/did not take an oath.

Signature of Notary: _____

Seal

Printed Name of Notary: _____