



**ORANGE COUNTY
DIVISION OF BUILDING SAFETY**

CHANGE OF CONTRACTORS

To change Contractors on an active permit, the following is needed:

1. An original notarized letter from the property owner requesting a change of contractor.
2. An original notarized letter from the license holder willingly relinquishing their active permit (s) for the specific job to be changed to the new contractor.
3. An original notarized letter from the new contractor accepting and assuming all responsibilities for the job.
4. Complete Building, Electrical, Plumbing, or Mechanical Permit Application Information form (page 2) for any permit, where job cost is \$2,500 or more.
5. Record new Notice of Commencement indicating new contractor for any permit where job cost is \$2500 or more. Provide certified copy to the Division of Building Safety.
6. For fees please refer to:
<http://www.ocfl.net/Portals/0/resource%20library/Open%20Government/FeeDirectory.pdf>

Should any of the parties disagree and not provide the notarized statement as requested, a new permit with full permit fee for the entire project will be required for the new contractor.

For residential permits please call the Residential Section at 407-836-5567.
For commercial permits please call the Plans Coordination at Section 407-836-5760.
For sub-trades permits please call the Permitting Section at 407-836-5564.



Change of Contractor Letter
(Owner or General Contractor)

Re: Project address: _____
_____ / _____ / _____
City State Zip code

I, _____, am requesting a change of contractor at project
(Name of Contractor)
address as listed above, for permit number _____ from
_____ to _____
(Old Contractors Name) (New Contractors Name)

License Holder: _____
(Printed Name)

License Number: _____

Company Name: _____

Address: _____
_____ / _____ / _____
City State Zip Code

License Holder Signature: _____

STATE OF FLORIDA
COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____,
_____, by the above referenced individual, _____, who
acknowledged that he/she is a duly licensed contractor with _____, and
who acknowledged that he/she was authorized to execute this document. He/she is either
personally known to me _____ or produced _____ as valid
identification.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public Signature

Printed Name: _____

My Commission Expires: _____



Change of Contractor Letter
(Old contractor information)

Re: Project address: _____
_____ / _____ / _____
City State Zip code

I, _____, am requesting that my permit number
(Name of Contractor)
_____ at project address as listed above, be voided and a new
permit issued to _____, as I am voluntarily
(New License Holder's Name)
giving up full responsibility of the job.

License Holder: _____
(Printed Name)

License Number: _____

Company Name: _____

Address: _____
_____ / _____ / _____
City State Zip Code

License Holder Signature: _____

STATE OF FLORIDA
COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____,
_____, by the above referenced individual, _____, who
acknowledged that he/she is a duly licensed contractor with _____, and
who acknowledged that he/she was authorized to execute this document. He/she is either
personally known to me _____ or produced _____ as valid
identification.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public Signature
Printed Name: _____
My Commission Expires: _____

Permit Application Information - Page Two

Permit Number _____

Owner's Name _____

Owner's Address _____

Fee Simple Titleholder's Name (If other than owner's) _____

Fee Simple Titleholder's Address (If other than owner's) _____

City _____ State _____ Zip Code _____

Contractor's Name _____

Contractor's Address _____

City _____ State _____ Zip Code _____

Job Name _____

Job Address _____ SUITE/UNIT _____

City _____ State _____ Zip Code _____

Bonding Company Name _____

Bonding Company Address _____

City _____ State _____ Zip Code _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. _____

WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A Notice of Commencement must be recorded and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

Owner Signature _____

The foregoing instrument was acknowledged before me this ___ / ___ / ___
by _____ who is personally known to me
and who produced _____
_____ as identification and who
did not take an oath.

Notary as to Owner _____

Commission No. _____
State of FL. County of _____
My Commission expires: _____

(SEAL)

Contractor Signature _____

The foregoing instrument was acknowledged before me this ___ / ___ / ___
by _____ who is personally known to me
and who produced _____
_____ as identification and who
did not take an oath.

Notary as to Contractor _____

Commission No. _____
State of FL. County of _____
My Commission expires: _____

(SEAL)

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.

Permit Number: _____
Folio/Parcel ID #: _____
Prepared by: _____

Return to: _____

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available) _____
2. **General description of improvement** _____
3. **Owner information or Lessee information if the Lessee contracted for the improvement**
Name _____
Address _____
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
4. **Contractor**
Name _____ Telephone Number _____
Address _____
5. **Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
6. **Lender**
Name _____ Telephone Number _____
Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name _____ Telephone Number _____
Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name _____ Telephone Number _____
Address _____
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager _____

Signatory's Title/Office _____

The foregoing instrument was acknowledged before me this ____ day of _____ by _____
month/year name of person
as _____ for _____
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public – State of Florida

Print, type, or stamp commissioned name of Notary Public

Personally Known ____ OR Produced ID ____
Type of ID Produced _____