



**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. \$26.00 for an amended permit for contractor change.

**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 may not be before the completion of construction and final payment to the contractor, but 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 \_\_\_\_\_