



*City of Brooksville
 Building Division
 201 Howell Avenue, Brooksville, FL 34601
 Phone: 352-544-8301
 permits@cityofbrooksville.us*

CHANGE OF SUBCONTRACTOR FORM

Application / Permit Number: _____

Address of Project: _____

Name of Contractor Being Released: _____

List the work that has been completed by original subcontractor: _____

New Subcontractor - Complete This Section:

Company Name of New Contractor Assuming Responsibility: _____

Address of Assuming Party: _____

Qualifiers Name: _____ License Number: _____

I acknowledge by my signature that I will hold the City of Brooksville harmless and relieve it from any responsibility or liability for any legal action or damage resulting from this change (this can be signed by the primary contractor of record as well).

Signature of Qualifier: _____ Date: _____

NOTARY FOR CONTRACTOR'S SIGNATURE:

State of Florida
 County of Hernando

The foregoing was acknowledged before me this _____ day of _____, 20____,

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

 Signature of Notary NOTARY STAMP:

There is a \$50 fee associated with this change.