



CITY OF BELLEVUE

"City with Small Town Charm"

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119th St., Belleview, Florida 34420

www.belleviewfl.org Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 307-7708

Permit #: _____
Received by: _____
Application Date: _____
Fees Rec'd: _____

CHANGE OF CONTRACTOR

Permit #: _____

Date: _____

A letter from one (1) of the following individuals is required to change the main contractor on a permit:

1. A letter from the existing main contractor removing themselves from the permit
2. A letter from the property owner of record

Re: Property located at _____
(Address & Legal Description)

Information below is for the new contractor being assigned to this permit:

Qualifying Agent's Name: _____ State License # _____

Business Name: _____

Address: _____

Phone: _____ Email: _____

I agree to hold City of Belleview harmless and relieve it from any responsibility or liability for any legal action or damage resulting from the transfer of the existing permit or the issuance of new permits. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting transfer.

Owner's Signature: _____ and/or

Contractor's Signature: _____

Date: _____

Date: _____

State of _____

State of _____

County of _____

County of _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____ 20____,

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____ 20____,

By _____

By _____

Personally known to me _____ or has produced _____ as identification.

Personally known to me _____ or has produced _____ as identification.

Notary Public Signature

Notary Public Signature

Print, type, or stamp commissioned name of Notary Public

Print, type, or stamp commissioned name of Notary Public

Notary Seal

Notary Seal