TOWN OF GRANT-VALKARIA
1449 Valkaria Road
Grant-Valkaria, FL 32950
Phone: (321) 951-1380 Fax: (321) 956-5660

CHANGE OF SUBCONTRACTOR REQUEST

Building Permit Number: _____

Site Address: _____
Street City State Zip

I, _____ desire to make the following changes in the designated subcontractor(s):

		COMPANY NAMES	LICENSE # ONLY	TELEPHONE #
PLUMBING CONTRACTOR	**DELETED** SUBCONTRACTOR			
	NEW SUBCONTRACTOR*			
ELECTRICAL CONTRACTOR	**DELETED**			
	NEW SUBCONTRACTOR*			
HVAC CONTRACTOR	**DELETED**			
	NEW SUBCONTRACTOR*			
ROOFING CONTRACTOR	**DELETED**			
	NEW SUBCONTRACTOR*			
DRYWALL CONTRACTOR	**DELETED**			
	NEW SUBCONTRACTOR*			
OTHER CONTRACTOR	**DELETED**			
	NEW SUBCONTRACTOR*			

***Subcontractor Authorization Form is required for each new subcontractor.**

I hereby acknowledge and accept full and complete responsibility for promptly notifying the above listed "DELETED SUBCONTRACTOR(s)" that they have been removed from the above listed permit as of the date of this notice.

_____ _____
Signature of Contractor or Owner/Builder Date

STATE OF FLORIDA
COUNTY OF BREVARD

Subscribed and sworn to before me this _____ day of _____, 20_____, personally appeared _____ who is personally known to me or who has produced _____ as identification, and who did/did not take an oath.

SEAL

_____
Notary Public Signature