



**PLANNING & DEVELOPMENT SERVICES
 BUILDING & ZONING DIVISION
 2300 VIRGINIA AVE
 FORT PIERCE, FL 34982
 (772) 462-1553 FAX 462-1578**

CHANGE OF CONTRACTOR, SUBCONTRACTOR OR CANCELLATION OF PERMIT

PLEASE SELECT ONE OF THE FOLLOWING:

_____ **CHANGE OF CONTRACTOR** – Change of Contractor is to be signed and notarized by the property owner, and the new contractor of record for the current permit. A new permit application must also be completed with new contractor information and signature. A new Notice of Commencement must be filed in the new contractor’s name for job values greater than \$2,500 (\$7,500 if A/C Change-out). A recorded copy must be submitted prior to commencing any work. **There is a \$50.00 fee for the Change of Contractor.**

_____ **CHANGE OF SUBCONTRACTOR** – Subcontractor changes are to be completed by the general contractor. The new subcontractor must fill out a Subcontractor Agreement Form. **There is a \$50.00 fee for the Change of Sub-Contractor.**

_____ **CANCELLATION OF PERMIT** – The cancellation of a permit is acceptable only if no work has been done. Cancellation of permit is to be signed and notarized by both the owner and qualifier of record. **There is no fee for cancellation of the permit.**

Date: _____ **Permit Number:** _____

Site Address: _____

_____ State License _____ SLC License _____

Original GC, subcontractor or owner/builder

_____ State License _____ SLC License _____

New GC, subcontractor

Reason for Cancellation _____

The undersigned does hereby agree to indemnify and hold harmless St Lucie County, its officers, agents and employees from all costs, fees or damages arising from any and all claims of action for any reason, which may arise as a result of this change of contractor/subcontractor or cancellation of permit. **A permit cannot be cancelled if work has been performed.**

SIGNATURE OF OWNER (or owner/builder)

PRINT NAME _____

State of Florida, County of St. Lucie County

The following instrument was acknowledged before me this _____ day of _____, 20____, by _____

_____ who is personally known to me or who has produced _____ as ID.

Signature of Notary **Date**

SIGNATURE GENERAL CONTRACTOR (or new GC, as applicable)

PRINT NAME _____

State of Florida, County of St. Lucie County

The following instrument was acknowledged before me this _____ day of _____, 20____, by _____

_____ who is personally known to me or who has produced _____ as ID.

Signature of Notary **Date**