



Osceola County Building and Safety Office
1 Courthouse Square, Suite 1400
Kissimmee, FL 34741
Ph: (407) 742-0200
Email: permitting@osceola.org

CHANGE OF CONTRACTOR/SUBCONTRACTOR FORM

Record/Permit ID:

Project Address:

Company Name of Existing Permit Holder:

License Number of Existing Permit Holder:

Company Name of New Permit Holder:

License Number of New Permit Holder:

OWNER/CONTRACTOR INFORMATION

I, _____, being the bona fide _____ of the property listed above, hereby request the change of contractor as indicated above. I hereby certify that the existing permit holder has been notified of the request for a Change of Contractor, and that all other aspects of this project, including the work related to the subject permit, remain unaltered.

The _____ of the project being completed at the project address, his heirs, assigns and successors in interest, waive, renounce, relinquish, absolve, and discharge Osceola County from any and all liability, including personal injury and property damage which may result from the County granting this Change of Contractor.

By signing below, I agree to hold the Building Official of the Osceola County Building Department and Osceola County as a whole harmless as a result of this Change of Contractor. I also agree to indemnify and hold harmless and defend Osceola County, its agents, servants and employees from and against any claims arising out of this Change of Contractor through the act, error, omission, or negligent act of the undersigned, its or his/her agents, servants, or employees or any act, error or omission or negligent act for which Osceola County or its agents, servants or employees are alleged to be liable related to this Change of Contractor.

I, _____, as the bona fide _____ of the site address attest:

1. I have the authority to initiate the change of contractor.
2. Agree to the terms and conditions prescribed in this change of contractor form.
3. Agree to record a new Notice of Commencement in accordance with Florida Statute 713.135 and provide a certified copy electronically or in person to the Osceola County Building and Safety office.

Print Name:

Signature:

Date:

New Permit Holder Name:

Signature:

Date:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this ____ day of _____, 202_ by _____.

(NOTARY SEAL)

NOTARY PUBLIC, State of _____

Printed Name

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____
