



Calvin, Giordano & Associates, Inc.  
EXCEPTIONAL SOLUTIONS™

Pembroke Pines Building Department  
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33025 Tel #954-435-6502 | Fax #954-435-6749

### CHANGE OF SUB-CONTRACTOR FORM 2025 / 2026

Application / Permit Number: \_\_\_\_\_

Address of Project: \_\_\_\_\_

Name of Contractor Being Released: \_\_\_\_\_

**NEW SUB-CONTRACTOR'S INFORMATION:**

Name of New Contractor Assuming Responsibility: \_\_\_\_\_

Address of Assuming Party: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

At the time the previous sub-contractor was removed from the permit, I, the Primary Contractor (CGC, RC, CFC, CMC etc.), shall assume total responsibility for the work completed to that date and hold the City harmless and without liability. **105.6.4.1.**

**Please Note: A new building permit application with the new sub-contractor's information must be included with the submittal of this form. There is a \$69.13 change of contractor processing fee, due at the time of Drop-Off.**

\_\_\_\_\_  
(Signature of Prime Contractor's Qualifier)

\_\_\_\_\_  
(Property Owner/Agent Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

Sworn to (or affirmed) and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Sworn to (or affirmed) and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Personally known: \_\_\_\_\_ Identification provided: \_\_\_\_\_

Personally known: \_\_\_\_\_ Identification provided: \_\_\_\_\_