



Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS™

Pembroke Pines Building Department
601 City Center Way | Pembroke Pines | FL
33025 Tel #954-435-6502 | Fax #954-435-6749

CHANGE OF PRIMARY CONTRACTOR FORM

Application / Permit Number: _____

Address of Project: _____

Name of Contractor Being Released: _____

NEW CONTRACTOR'S INFORMATION:

Name of New Contractor Assuming Responsibility: _____

Address of Assuming Party: _____

Qualifier's Name: _____ License Number: _____

At the time the previous contractor was removed from the permit, I, the Owner/ Agent, shall hold the City harmless and without liability. **105.6.4.1.**

Please Note: A completed permit application with the new contractor's information must be included with the submittal of this form. There is a \$55.07 change of contractor processing fee due at the time of Drop-Off.

(Property Owner/Agent Signature)

(Print Name)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____.

Signature: _____

Personally known: _____ Identification provided: _____