



CITY OF HALLANDALE BEACH
 BUILDING INSPECTIONS DIVISION 400
 South Federal Highway
 Hallandale Beach, FL 33009
 Office 954-457-2220 ● Fax 954-457-1312

CHANGE OF SUBCONTRACTOR/SPECIALTY CONTRACTOR

FBC-BCAP §105.3.0.1

(Person requesting change must be legal owner and prime contractor)

I hereby request a change of subcontractor / specialty contractor for:

Permit No.:	
Job Address:	
Owner:	
Current Contractor Name:	
Address:	
New Contractor Name:	
Address:	
Reason for Changing Contractor:	

I agree to hold the City of Hallandale Beach, Florida, its agents and authorized personnel harmless and relieve them from any responsibility for damages, costs or expenses, including attorney's fees, resulting from the change of contractor for the existing permit: or the issuance of the new permit.

Person Requesting Change of Contractor.

Owner

Prime Contractor

 Signature Date Print name

State of Florida
 County of Broward

The person whose signature appears above, deposes, and says that he/she is the legal owner of the above permit.

Sworn and subscribe before me on the _____ Day of _____, 2021

 Notary public State of Florida at large personally known or produced i.d.(type)

 Notary print name and Seal