



City of Longwood

Building Division

CHANGE OF CONTRACTOR

Permit#: _____

Effective immediately _____ will no longer be the contractor of record for the following address: _____

The new contractor for the address, stated above will be: _____

License#: _____

Owner/ Primary Contractors Signature: _____

Owner/ Primary Contractor Name: _____

Date: _____

STATE OF FLORIDA COUNTY OF _____

Sworn and subscribed to before me this day of: _____, 20____

By _____ Notary Public, State of Florida _____ (Print, type or stamp name)

Commission No.: _____

Personally known _____ or

Produced Identification _____ Type of Identification Produced: _____

If new contractor is not registered with the City of Longwood, you will need to provide the following information.

- State contracting license
- Workman’s Compensation Certificate
- Liability Insurance Certificate
- Business Tax Receipt
- Full Licensure’s information, including business address, phone number and email address