

## **TOWN OF MEDLEY**

BUILDING DEPARTMENT 7777 NW 72<sup>nd</sup> Avenue Medley, Florida 33166 Office 305-887.9541 ● Fax 305-885-6928

## **CHANGE OF CONTRACTOR**

**Contractor Request to Withdraw** 

Permit Number:	Job Address:	
I	am the qualifier for	
(Qualifier Name)		(Company Name)
	(Company address	5)
	(Email and Phone nun	nber)
		d construction listed on the above referenced permit. The, I wish to withdraw from this project / permit for the
	(Add a separate page if r	needed)
the property, the new owner assumes respons		xisting permit. If there has been a change of ownership or us owner of his or her intent to transfer the permit.
XSignature of Qualifier		
_		
STATE OF		
COUNTY OF Sworn to (or affirmed) and subscribed before me t	his day of	, 20 by:
[		(Type / Print qualifier Name)
		(NOTARY'S SIGNATURE)
NOTARY SEAL		Notary Name
NOTARY SEAL		(Print, Type or Stamp Notary's Name)
		Personally Known or Produced Identification
		Type of Identification Produced