Town of Medley Building & Zoning Department



7777 NW 72nd Avenue Medley, Florida, 33166 Phone: 305-887-6913

Fax: 305-887-6928

Change Of Contractor Contractor Request To Withdraw

I	Permit # Job Address:					
above referenced permit. The permit is still active with an expiration date of	I	(qualifier name) am	the qualifier for	(company name) and		
As such, I no longer want to be held responsible for work under this permit and I have no objection to a change of contractor for this permit. I hereby authorize the owner to apply for a change of contractor. I,	I am notifying the	Town Of Medley that I v	will no longer be performing sa	id construction listed on the		
As such, I no longer want to be held responsible for work under this permit and I have no objection to a change of contractor for this permit. I hereby authorize the owner to apply for a change of contractor. I,	above referenced p	permit. The permit is still	l active with an expiration date	of (date).		
to a change of contractor for this permit. I hereby authorize the owner to apply for a change of contractor. I,	I wish to withdraw	from this project / perm	nit for the following reasons (s).			
I,	_	-	onsible for work under this per	rmit and I have no objections		
personnel, harmless and relieve them from any responsibility or liability for any legal action of damage, cost or expense (including attorney's fees) resulting from the change of contractor on the existing permit. If there has been a change of ownership on the property, the new owner assume responsibility of notifying the previous owner of his or her intent to transfer the permit.	I hereby authorize	the owner to apply for a	a change of contractor.			
	personnel, harmle damage, cost or e	ss and relieve them fro xpense (including attorn	om any responsibility or liab ney's fees) resulting from the	ility for any legal action or change of contractor on the		
Qualifier Signature Qualifier Name (print) Affidavit ————, certify under penalties of perjury, that I have read the entire application (Print applicant name) (Print Title) e above stated information is true and correct	responsibility of no	otifying the previous ow	ner of his or her intent to transf	fer the permit.		
Qualifier Name (print) Affidavit , certify under penalties of perjury, that I have read the entire application (Print applicant name) (Print Title) above stated information is true and correct (signature) from to and Subscribed before me by who is personally known to me or has produced		Date:				
Affidavit , certify under penalties of perjury, that I have read the entire application (Print applicant name) (Print Title) above stated information is true and correct (signature) orn to and Subscribed before me by who is personally known to me or has produced	Qualifier Signature					
, certify under penalties of perjury, that I have read the entire application (Print applicant name) (Print Title) e above stated information is true and correct (signature) from to and Subscribed before me by who is personally known to me or has produced	Qualifier Name (print)					
(Print applicant name) (Print Title) e above stated information is true and correct			<u>Affidavit</u>			
		ne) (Print Title)				
			who is personally know	n to me or has produced as		
(Notary's signature and stamp)		(Notary's signat	ture and stamp)			