

# Change of Contractor

Submit the following:

1. Change of contractor form completely filled out. \_\_\_\_\_  
If the original contractor will not sign off, section A still needs to be completed with the exception of the signature. (Also see #4)
2. New permit application filled out, with appropriate signatures. \_\_\_\_\_
3. Fee \$75.00 (each permit) \_\_\_\_\_
4. If original contractor did not sign off:  
Submit a letter from the owner stating his reason for dismissing the contractor, acceptance of responsibility for past work, and indemnifying the Town of Jupiter against all losses. \_\_\_\_\_
5. When the project is valued at \$5000.01 or above OR if the contract is for repairing or replacing a heating or air conditioning system, and the value exceeds \$14,999.99, a new Notice of Commencement must be filed in the new contractor's name. A certified copy of the new filed Notice of Commencement must be submitted to the building department before the work may continue. \_\_\_\_\_

## **TOWN OF JUPITER BUILDING DEPARTMENT**

210 Military Trail, Jupiter, Florida 33458  
Phone (561)741-2286 Fax (561)741-0911



# Jupiter Building Department Change of Contractor Request

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

## Section A (Old Contractor)

Name of company relinquishing permit: \_\_\_\_\_

Name of Qualifier/authorized agent: \_\_\_\_\_

Signature of above: \_\_\_\_\_

Date: \_\_\_\_\_

## Section B (New Contractor)

Name of company assuming all responsibility \_\_\_\_\_  
under terms of permit:

Print name of qualifier/authorized agent: \_\_\_\_\_

Signature of above: \_\_\_\_\_

Date: \_\_\_\_\_ Contractor Cert.# : \_\_\_\_\_

## Section C (Property Owner)

At the time the contractor relinquishes the permit I, the property owner, shall assume total responsibility for the work completed to that date and hold the Town harmless.

I understand that if a separate notice of commencement was filed under the name of the contractor being changed, a certified copy of the new Notice of Commencement must be submitted to the Building Division before the work may continue.

Property Owner's Name: (Print) \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

NOTARY:

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

APPROVED:

Chief Building Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

**Letter from Property owner**  
to be submitted if original contractor  
does not sign change of contractor form.

(Date)

Chief Building Inspector  
Town of Jupiter  
210 Military Trail  
Jupiter, FL 33458

RE: Change of Contractor

Permit # \_\_\_\_\_  
Address \_\_\_\_\_

Dear Chief Building Inspector:

I hereby request that you authorize and approve my request for a change of contractor without the consenting signature of the original contractor. I wish to change contractors because *list reason(s) here*

I hereby agree to indemnify and hold harmless the Town of Jupiter against all loss, claims, suits or demands made by the original contractor including costs and attorney's fees the Town may incur by reason of granting this request.

Sincerely,

\_\_\_\_\_  
Property Owner Signature Here

\_\_\_\_\_  
Print Name Here

WITNESSED:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date



FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

<sup>9</sup>  
**Fee Simple Titleholder's Name** (If other than owner): \_\_\_\_\_  
\_\_\_\_\_  
**Fee Simple Titleholder's Address** (If other than owner): \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Same as Owner

<sup>10</sup>  
**Bonding Company:** \_\_\_\_\_  
\_\_\_\_\_  
**Bonding Company Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Not Applicable

<sup>11</sup>  
**Architect/Engineer's Name:** \_\_\_\_\_  
\_\_\_\_\_  
**Architect/Engineer's Name Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Not Applicable

<sup>12</sup>  
**Mortgage Lender's Name:** \_\_\_\_\_  
\_\_\_\_\_  
**Mortgage Lender's Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Not Applicable

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

**NOTICE TO CONTRACTOR:** FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

**OFFICE USE ONLY BELOW THIS LINE**

<sup>13</sup>  
**CODE EDITION/NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>14</sup>  
**USE (CHECK ONE):**  
 1 & 2 FAMILY     TOWNHOUSE     CONDOMINIUM  
 MULTI-FAMILY     COMMERCIAL     INDUSTRIAL  
 AGRICULTURAL - BLDG CODE EXEMPT     OTHER: \_\_\_\_\_  
\_\_\_\_\_  
 USE CHANGE: \_\_\_\_\_  
\_\_\_\_\_