



Town of Redington Shores  
Building Department Phone:  
(727) 397-5538  
Email: [bldgdept@redshoresfl.com](mailto:bldgdept@redshoresfl.com)

# CHANGE OF CONTRACTOR

Job Address: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Owners Name/Address: \_\_\_\_\_  
Owners Phone Number: \_\_\_\_\_

### Current Contractor of Record

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

### New Contractor of Record

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
License Number: \_\_\_\_\_

This form must be signed by the Owner/Contractor and the New Contractor of Record:

\_\_\_\_\_  
Contractor/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Contractor of Record Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally know to me \_\_\_\_\_OR produced  
\_\_\_\_\_as identification.

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

Seal:

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally know to me \_\_\_\_\_OR produced  
\_\_\_\_\_as identification.

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

Seal: