

CHANGE OF CONTRACTOR

City of New Port Richey, Florida • Community Development Department
5919 Main Street • New Port Richey, FL 34652 • 727-853-1047 • www.cityofnewportrichey.org

*Please complete **ALL** sections of this application.
Incomplete applications will be returned to the owner of record.*

Date Received

PROJECT INFORMATION

1. Job Address	City	County	State	Zip
2. Permit Number				
3. Property Owner's Name			Phone	
Property Owner's Email Address				

EXISTING CONTRACTOR / SUBCONTRACTOR

1. Contractor (Company Name)	Phone		
Company Address	City	State	Zip
License Holder	State License No.	Pasco County BTR No. (Occupational)	
Contractor or Agent's Email Address			

NEW CONTRACTOR / SUBCONTRACTOR

2. Contractor (Company Name)	Phone		
Company Address	City	State	Zip
License Holder	State License No.	Pasco County BTR No. (Occupational)	
Contractor or Agent's Email Address			

OWNER'S AFFIDAVIT

As the owner of above listed property, hereinafter referred to as "PROPERTY", I hereby certify and agree:

I am the bona fide owner of said PROPERTY and have the authority to initiate the Change of Contractor.

I am requesting this Change of Contractor as indicated above and that the existing permit holder has been notified by certified mail (receipt attached) or by signature above, of the request for the Change of Contractor.

In consideration of the Change of Contractor for certain work at the PROPERTY, the owner of said PROPERTY, his/her heirs, assigns and successors in interest, waive, renounce, relinquish, absolve, and discharge The City of New Port Richey from any and all liability for personal injury and property damage which may result from the Change of Contractor for certain work on the PROPERTY even if the Change of Contractor for certain work on the PROPERTY is later found to be wrongful or negligent.

As the owner of said PROPERTY, I will hold harmless and indemnify The City of New Port Richey from and against all liability, loss, claims, damages, cost, attorneys, attorneys' fees and expenses of whatever kind or nature which the City of New Port Richey may sustain, suffer, or incur or be required to pay by reason of the Change of Contractor for certain work on the PROPERTY even if the Change of Contractor for certain work on the PROPERTY is later found to be wrongful or negligent.

I acknowledge by my signature that I agree to the conditions as prescribed in this Change of Contractor Form.

Printed Name of Property Owner

Signature of Fee Property Owner

Date of Signature

Signature of Owner/Agent

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of

Physical Presence OR Online Notarization

This _____ day of _____, _____
Date Month Year

by _____
Name of Person Acknowledging

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification

Type of Identification Produced:

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