Office of Planning and Development – Building Division PO Box 9005, Drawer GM02 330 W. Church Street Bartow, Florida, 33831-9005 863-534-6080



Contractor Change Request

and/or subcontracto	ors.	, please add and/or remove the	
Contractor Type	Contractor Name to Delete	Contractor Name to Add	License Number to Add
Primary Contracto	r Name:		
Primary Contracto	r License Number:		
Primary Contracto	r License Holder Signatu	re:	
	A, COUNTY OF		
that he/she is the he/she is authorized	primary contractor of ab	me the day of pove listed property and who nent. He/she is either person as valid identification.	acknowledged that
WITNESS my hand	and official seal this	day of	·
Notary Public Sign	ature		
Name:	My	y Commission Expires:	