CHANGE OF CONTRACTOR/HOLD HARMLESS
PERSUANT TO SECTION 105.6.4 OF THE FLORIDA BUILDING CODE

Owner Name ____________________________   Permit # __________________________
Job Address _____________________________        Subdivision _________________________
_____________________________________   ___________________________________
Print name of “Original” Prime/Sub Contractor                      Certificate/License Number
_________________________________________   ______________________________________
Print name of “New” Prime/Sub Contractor                                     Certificate/License Number

The undersigned has notified all interested parties of their intention to change the contractor of record for this permit. The undersigned agrees to indemnify and hold harmless and defend the City of Oakland Park, its agents, servants, and employees from and against any claims arising out of this Change of Contractor through the act, error, omission, or negligent act of the undersigned, its or his/her agents, servants, or employees or any act, error or omission or negligent act for which the City of Oakland Park or its agents, servants, or employees are alleged to be liable.

**Change of Prime Contractor**

(Signature Property Owner) _____________________________
STATE OF FLORIDA, COUNTY OF __________________________
Sworn to (or Affirmed) and subscribed before me this ________
day of ___________________, 20__________.
By (Print Name) _____________________________
Personally known or I.D. _____________________________
Notary Public, State of Florida (Signature)
(Seal)

**Change of Sub-Contractor**

(Signature Property Owner) _____________________________
STATE OF FLORIDA, COUNTY OF __________________________
Sworn to (or Affirmed) and subscribed before me this ________
day of ___________________, 20__________.
By (Print Name) _____________________________
Personally known or I.D. _____________________________
Notary Public, State of Florida (Signature)
(Seal)

(Signature General Contractor) _____________________________
STATE OF FLORIDA, COUNTY OF __________________________
Sworn to (or Affirmed) and subscribed before me this ________
day of ___________________, 20__________.
By (Print Name) _____________________________
Personally known or I.D. _____________________________
Notary Public, State of Florida (Signature)
(Seal)