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

www.polkfl.gov/services/building

Subcontractor Change Request

Building Permit number _____, please add and/or remove the following subcontractors.

Project address: _____

Contractor Name to Delete	License # to Delete	Contractor Name to Add	License # to Add

Primary Contractor Name: _____

Primary Contractor License Number: _____

Primary Contractor License Holder Signature: _____

STATE OF FLORIDA, COUNTY OF _____

This instrument was acknowledged before me the _____ day of _____, by the above referenced individual, _____, who acknowledges that he/she is the primary contractor of above listed property and who acknowledges that he/she is authorized to execute this document. He/she is either personally known to me __ or produced _____as valid identification.

WITNESS my hand and official seal this _____ day of_____, _____.

_____
Notary Public Signature

Name: _____ My Commission Expires: _____