



ADMINISTRATION DEPARTMENT
BUILDING DIVISION

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314
PHONE: 954.797.1111 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

CHANGE OF CONTRACTOR/ARCHITECT/ENGINEER

Known by all men present that I, _____, for _____
(Qualifier/Architect/Engineer) (Company name/identical to license)

Have been contracted by _____ to complete the _____
(Property Owner Name) (Describe work)

Construction at _____ and agree to assume the responsibility for the work
(Property location)

Being done there, consistent with the plans and associated documents for permit Number: _____ and
Certify that all work will comply with the codes and ordinance of the Town of Davie upon the completion of the project.

(Qualifier's/Architect's/Engineer's Name) (Qualifier's/Architect's/Engineer's Signature)

STATE OF FLORIDA, COUNTY OF _____
Sworn to and subscribed before me this _____ day of _____, 20____ by _____
Who is personally known to me ___ or who has produced _____ as identification.

Notary Public, State of Florida (seal) (Notary Signature)

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OWNER

I, _____ Do hereby certify that I am the owner/owner's agent of the above referenced property
(Property owner/Owner's Agent)

And do hereby hold harmless and release the Town of Davie of any and all liability arising from the transfer of the building permit(s)
to the contractor mentioned above. I certify that the above referenced contractor is my lawful agent empowered to complete the above
referenced construction work.

(Owner's Name) (Owner's Signature)

STATE OF FLORIDA, COUNTY OF _____
Sworn to and subscribed before me this _____ day of _____, 20____ by _____
Who is personally known to me ___ or who has produced _____ as identification.

Notary Notary Public, State of Florida (seal) (Notary Signature)