



**Growth and Resource Management**  
**Building and Code Administration**  
123 W. Indiana Ave., DeLand, FL. 32720  
(386) 736-5929  
Email: Permitctr@volusia.org

## CONTRACTOR / SUBCONTRACTOR PERMIT LISTING FORM

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Project Address: \_\_\_\_\_

Name of Contractor Being Released: \_\_\_\_\_ as of: \_\_\_\_\_

### **NEW CONTRACTOR- Complete this section:**

Name of New Contractor Assuming Responsibility: \_\_\_\_\_

New Contractors Address: \_\_\_\_\_

New Contractors Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Qualifiers Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Signature of Qualifier: \_\_\_\_\_ Date: \_\_\_\_\_

### **STATE OF FLORIDA, COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by  
\_\_\_\_\_  
(Full name of person acknowledging.)

Personally known: \_\_\_\_\_

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

### **PERMIT OWNER- Complete this section**

Permit Owners Name: \_\_\_\_\_ Address: \_\_\_\_\_

Owners Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I, the Permit Owner, acknowledge that the previous contractor/ sub contractor was removed from the permit listed above and, I, the Permit Owner, shall assume full responsibility for the work completed by the previous contractor. I understand that a Change of Contractor Placard fee will apply for this change if the permit has already been issued.

Signature of Permit Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### **STATE OF FLORIDA, COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by  
\_\_\_\_\_  
(Full name of person acknowledging.)

Personally known: \_\_\_\_\_

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public