



VILLAGE OF KEY BISCAYNE

Department of Building, Zoning and Planning

88 West McIntyre St., Suite 250
Phone (305) 365-5512

Key Biscayne, FL 33149
Fax (305) 365-5556

www.keybiscayne.fl.gov

CHANGE OF SUB-CONTRACTOR REQUEST

Instructions:

1. Complete this Change of Sub-Contractor Request form that must be signed by the permit applicant and the existing qualifier. Both signatures must be notarized. Please print clearly or type the information.
2. Submit this completed form and a new permit application containing the new sub-contractor information.

Date: _____ Folio No.: 24- _____ Permit No.: _____

Job Address: _____ Unit No.: _____

Principal Contractor Information	Existing Sub-Contractor Information
Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Phone No.: _____	Qualifier Name: _____
Email: _____	License No.: _____ Phone No.: _____

Reason for Change of Sub-Contractor: _____ Has Sub work commenced? Yes _____ No _____

Hold Harmless: I (We) agree to hold The Village of Key Biscayne, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from the change of sub-contractor. I furthermore assume responsibility for the work being performed under this permit for which I am requesting a change of sub-contractor. In the event there has been a change of ownership of the property, the new owner assumes the responsibility of notifying the previous owner of his or her intent to transfer the permit.

The undersigned, being first duly sworn, deposes and says that she / he is the legal owner of the above property.

X _____
 Signature of Principal Contractor
 STATE OF FLORIDA, COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this _____ day of _____, 20____.
 By (Print Name) _____

Notary Name _____
 Personally known _____ or I.D. _____

Signature of the existing qualifier provides consent to waive the standard 10-day notification waiting period.

X _____
 Signature of Existing Qualifier
 STATE OF FLORIDA, COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this _____ day of _____, 20____.
 By (Print Name) _____

Notary Name _____
 Personally known _____ or I.D. _____

Approved for Change of Sub-Contractor: _____ / _____ / 20____

Cost: \$115.00

Eugenio M. Santiago, P.E., CFM
Building Official

