



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: _____ Signature of Notary Public

Type of Identification Produced: _____

PERMIT APPLICANT- 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: _____ Signature of Notary Public

Type of Identification Produced: _____