



BUILDING DEPARTMENT

CHANGE OF CONTRACTOR or SUB CONTRACTOR REQUEST

Instructions:

1. Complete this Change of Contractor Request form which 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 contractor information.
3. ALL CONTACTS MUST REGISTER at www.cityofdoral.com/permitting for a Citizen Self-Service user account.
4. NEW QUALIFIER must be registered. Please follow the instructions at <https://www.cityofdoral.com/all-departments/building/contractor-registration/>.

Date: _____ Folio No.: _____ Permit No.: _____

Job Address: _____ Unit No.: _____

***OWNER/TENANT** Must provide corporation documents listing authorized signers from www.sunbiz.com.

NAME (as listed in PROPERTY APPRAISER or on LEASE AGREEMENT): _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL (Required for system notifications): _____

PHONE: _____

***EXISTING CONTRACTOR/ QUALIFIER or OWNER/BUILDER**

COMPANY NAME: _____

LICENSEE/QUALIFIER NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL (Required for system notifications): _____

PHONE: _____

Important Note:

Each contact, qualifier, owner, etc. should have their own CSS login. Runners, consultants, expeditors, etc. should NOT use the SAME email login address for multiple owners, addresses or projects.

REASON FOR CHANGE OF CONTRACTOR: _____

HAS ANY WORK BEEN DONE? ☐ YES ☐ NO

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

OWNER'S/TENANT'S SIGNATURE

Print Owner's Name _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of

☐ physical presence or ☐ online notarization,

this _____ day of _____ 20_____, by

NOTARY SEAL

NOTARY SIGNATURE _____

Personally Known _____ OR Produced Identification _____

Type of Identification produced _____

EXISTING QUALIFIER'S SIGNATURE

Print Existing Qualifier's Name _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of

☐ physical presence or ☐ online notarization,

this _____ day of _____ 20_____, by

NOTARY SEAL

NOTARY SIGNATURE _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____