BUILDING DEPARTMENT

CHANGE OF CONTRACTOR or SUBCONTRACTOR REQUEST

BD-15 08/25 v2

Instructions:

1. Complete this Change of Contractor Request form. **Both signatures must be notarized**. Please print clearly or type the information. For changes on sub permits, BOTH owner and primary contractor shall sign form. Primary permits require owner signature.
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/Departments/Building-Department/Contractor-Registration

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

Job Address:_____ **Unit No.:** _____

***OWNER/TENANT**

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/BULDER**

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**

PER MIAMI DADE COUNTY CODE OF ORDINANCES 8-13(4) The undersigned acknowledge that ALL interested parties have been notified of the request for a change of contractor for the above permit number and property address. Notices include, but are not limited to property owner, previous and new contractor/subcontractor(s) and any other relevant stakeholders. This statement is made in good faith to ensure compliance with all codes and statutes.

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_____

PRIMARY QUALIFIER'S SIGNATURE

Print Primary 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_____