



**CITY OF WESTON**  
3265 MERIDIAN PKWY., SUITE 100  
WESTON, FLORIDA 33331  
954-385-0500 Office  
954-888-9018 FAX

**CHANGE OF CONTRACTOR**

In accordance with Florida Building Code Regulations, Section 104.9.4.4.1, "Change of Contractor or Sub-Contractor"

**Permit #:** \_\_\_\_\_ **Name of Owner:** \_\_\_\_\_

**Job Address:** \_\_\_\_\_  
Street Lot/Blk Subdivision

\_\_\_\_\_  
Name of **Original** General or Certificate/License Number  
Sub-Contractor (Please Print)

\_\_\_\_\_  
Name of **New** General or Certificate/License Number  
Sub-Contractor (Please Print)

**Reason for Change:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*This instrument is for the purpose of advising all concerned that the person(s) whose signature appears below will hold the Building Official of the City of Weston and the City of Weston harmless as a result of this Change of Contractor. The undersigned agrees to indemnify and hold harmless and defend the City of Weston, its agents, servants and employees from and against any claim arising out of the Change of Contractor through any act, error, omission or negligent act of the undersigned. Its or his agents, servants or employees or any act, error, omission or negligent act for which the City of Weston or its agents, servants or employees are alleged to be liable.*

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**Change of General Contractor:**

\_\_\_\_\_  
Property Owner Signature                      Date                      Notary as to Owner                      Date

**Change of Sub-Contractor:**

\_\_\_\_\_  
Property Owner Signature Date                      Notary as to Owner                      Date

\_\_\_\_\_  
General Contractor Signature                      Date                      Notary as to General Contractor                      Date