



CHANGE OF CONTRACTOR WAIVER OF 10-DAY NOTIFICATION PERIOD

Date ____/____/____

Re: Property located at (address and legal description) _____

To Whom It May Concern:

We the undersigned subcontractors have been properly notified of the change of contractor and agree to the change on permit number _____, issued to (name of permit holder) _____ on (date) ____/____/____. We are aware that we can file an objection that will be part of the file.

Subsidiary Permit Number (s): _____
Permit Type: _____ Category(s) _____
Contractor Number _____
Qualifier Signature _____
Print Name _____

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Contractor Number _____
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STATE OF FLORIDA
COUNTY OF MIAMI-DADE:

STATE OF FLORIDA
COUNTY OF MIAMI-DADE:

SWORN TO AND SUBSCRIBED

SWORN TO AND SUBSCRIBED

before me this ____ day of _____, 20 ____
by _____

before me this ____ day of _____, 20 ____
by _____

SEAL) _____
PRINT, TYPE OR STAMP NAME OF NOTARY

SEAL) _____
PRINT, TYPE OR STAMP NAME OF NOTARY

[] Personally known
[] or Produced Identification
Type of Identification produced _____

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