



CITY OF COOPER CITY BUILDING DEPARTMENT

PHONE: 954-434-4300
EXT. #230, #227, #279
FAX: 954-680-1439

CHANGE OF CONTRACTOR

CONTRACTOR

Known by all men present that I, _____, for _____
(qualifier) (company name / identical to license)

Have been contracted by _____ To complete the _____
(property owner's name) (describe work)

Constructed at _____ And agree to assume the responsibility for the work
(property location)

being done there, consistent with the plans and associated documents for Permit # _____ and certify that all work will
comply with the codes and ordinances of the City of Cooper City upon the completion of the project.

Qualifier's name (printed)

Qualifier's signature

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____ by _____

Who is personally known to me or who has produced _____ as identification.

My commission expires: _____

Notary Public, State of Florida (SEAL)

OWNER

I, _____ Do hereby certify that I am the owner/owner's agent of the above referenced
(property owner / owner's agent)

property _____ And do hereby hold harmless and release the City of Cooper City of any and all
(property address)

Liability arising from the transfer of the building permit(s) to the contractor mentioned above. I certify that the above referenced contractor
is my lawful agent empowered to complete the above referenced construction work.

Owner's name (printed)

Owner's signature

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____ by _____

Who is personally known to me or who has produced _____ as identification

My commission expires: _____

Notary Public, State of Florida (SEAL)