



**Town of Loxahatchee Groves**  
155 F Road  
Loxahatchee Groves, FL 33470  
Phone: 561.807.6675 Fax: 561.793.2420  
[www.loxahatcheegrovesfl.gov](http://www.loxahatcheegrovesfl.gov)

## CHANGE OF CONTRACTOR FORM

Permit No. \_\_\_\_\_ Permit Type \_\_\_\_\_  
Address of Project \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
Owner/Contractors Name: \_\_\_\_\_  
Date \_\_\_\_\_

### Name of party assuming all responsibility under terms of permit

Name of party/contractor: \_\_\_\_\_

Address of party \_\_\_\_\_

Contractor License Number \_\_\_\_\_ License Type: \_\_\_\_\_

Print Name of qualifier: \_\_\_\_\_

Qualifier signature: \_\_\_\_\_ Email: \_\_\_\_\_

NOTARY: State of Florida, County of Palm Beach

The following was acknowledged before me and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_ as  
Identification. Type of ID

Signature of Notary \_\_\_\_\_

SEAL

### Property Owner

At the time the contractor relinquishes the permit I, the owner, shall assume total responsibility for the work complete to that date and hold The Town of Loxahatchee Groves harmless.

Print name of owner: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

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By \_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_ as  
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SEAL

Sub Permits Affected: ☐ Yes ☐ No

APPROVED: \_\_\_\_\_ Date \_\_\_\_\_