



CITY OF ST. AUGUSTINE
PLANNING & BUILDING DEPARTMENT
Request for Change of Contractor on Record

Date _____

Property Address: _____ **Permit No.** _____

As the legal owner on record of the subject property, I request the transfer of the above referenced

permit, issued to _____ on _____
Original Contractor License Number Date

be transferred to _____, effective _____
New Licensed Contractor License Number Date

OR

I, _____ hereby apply as an owner builder
to complete the improvements on the referenced property.

I agree to hold the City of St. Augustine harmless and relieve it from any responsibilities or liability for any damages or other litigation resulting from the transfer of this permit or the issuance of any new permits. Furthermore, I assume responsibility for any corrections, repairs or other incurred costs resulting from the transfer of this permit.

Signed: _____ **Date** _____
Owner on Record