



City of Jacksonville - Department of Public Works
Building Inspection Division

CHANGE OF CONTRACTOR FORM LETTER

(Revised 4/15/2026)

Applicant's Name

Applicant's Address

Date

Building Inspection Division
214 North Hogan Street
Room 273, Ed Ball Building
Jacksonville, Florida 32202

ATTN: Building Inspection Division

RE: Change of Contractor

I/We, _____, the owner of the property at the above

referenced address, request a change of contractor for Permit Number _____

From:

Name of Current Company: _____

To:

Name of New Company: _____

New Contractor License #: _____

New Qualifier's Name (as appears on DBPR license): _____

Owner/Owners' Signature

Notary as to Owner

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed
before me by means of physical
presence or online notarization, this _____
day of _____, _____, by

_____ (Owner).

(signature of Notary Public)

(Print, Type, or Stamp Commissioned Name
of Notary Public)

Personally Known OR Produced
Identification

Type of Identification Produced _____

Qualifier's Signature

Notary as to Qualifier

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed
before me by means of physical
presence or online notarization, this _____
day of _____, _____, by

_____ (Qualifier).

(signature of Notary Public)

(Print, Type, or Stamp Commissioned Name
of Notary Public)

Personally Known OR Produced
Identification

Type of Identification Produced _____