



TOWN OF HYPOLUXO

BUILDING DEPARTMENT
7580 S. Federal Highway
Hypoluxo, FL 33462-6034
Phone: 561.582.0510 Fax 561.582.0703
Email: hypoluxo@hypoluxo.org

CHANGE OF CONTRACTOR FORM

Permit # _____

Job Address _____

Subdivision/Plaza _____

Lot _____ Block _____

Name of party assuming all responsibility under terms of permit _____

Address of party _____

Town of Hypoluxo Contractor Registration # _____ License # _____

Signature of Qualifier _____ Date _____

State of Florida
County of Palm Beach

Sworn and Subscribed Before Me this _____ Day of _____, 2____.

By _____, who is personally known to me or

has produced _____ as identification.

(Seal) _____ Notary Public _____ My Commission Expires _____

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 Hypoluxo harmless.

Owner Signature: _____

State of Florida
County of Palm Beach

Sworn and Subscribed Before Me this _____ Day of _____, 2____.

By _____, who is personally known to me or

has produced _____ as identification.

(Seal) _____ Notary Public _____ My Commission Expires _____

APPROVED BY: _____

DATE: _____

*****THIS FORM MUST BE SIGNED BY BOTH PARTIES*****