



# Town of Highland Beach

Building Department • 3616 South Ocean Blvd., Highland Beach, Florida 33487  
Website: [www.highlandbeach.us](http://www.highlandbeach.us) • Phone: 561-278-4540 • Fax: 561-278-2606

## Change of Sub-Contractor by Prime Contractor

Permit Number: \_\_\_\_\_

**BEFORE ME**, the undersigned \_\_\_\_\_ personally came and says:  
(name of company qualified)

I am the Qualifier of: \_\_\_\_\_

I further state that I had entered into a contract with \_\_\_\_\_  
(print name of sub-contractor being dismissed)

whose License number is \_\_\_\_\_ and whose address is: \_\_\_\_\_

And that I wish to replace that contractor with: \_\_\_\_\_  
(print name of new sub-contractor)

whose License number is \_\_\_\_\_ and whose address is: \_\_\_\_\_

The new sub-contractor shall submit a completed Application for Permit for the work in question.

I agree to hold the Town of Highland Beach harmless in this matter.

I hereby indemnify the Town of Highland Beach, Florida, including its officers, agents and employees from all liability from or in any way connected with the cancellation of the aforesaid construction permit and indemnify and defend all and save harmless the Town of Highland Beach, Florida its officers, agents and employees from any and all claims, damages, suits, expenses causes of action and proceedings of any kind or nature whatsoever, in any way resulting from and arising from directly or indirectly from this action. Nothing in this affidavit shall prejudice the rights of the property owner to hold the individual or Corporation for damages due to its default of the construction of the aforesaid \_\_\_\_\_  
(type of construction)

**A Stop Work Order is in effect until the replacement sub-contractor is approved.**

I affirm that all of the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

STATE of FLORIDA  
COUNTY OF \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

By: \_\_\_\_\_  
(print or type applicants name)

Personally Known \_\_\_\_ OR Produced Identification  
Type of Identification Produced:  
\_\_\_\_\_

Notary Signature: \_\_\_\_\_

My Commission  
Expires: \_\_\_\_\_