

Building Inspections 222 W Main Street. Pensacola, Florida, 32502. (850) 436-5600

Release of Subcontractor

Date:					
Building Permit No.:	Job A	_Job Address:			
Contractor Name (Permit	Holder):				
Phone:	Mobile:		E-mail:		
Released Sub-Contractor	License No.:				
New Contractor (if known):		License No.:			
l,		, would like	e to remove the	subcontractor lis	ted above from
the project for the follow	ing reason:				
I underst	and that, since I ar	n removing	the subcontract	tor, no work may	be continued fo
that specific trade until I	have selected a ne	w subcontr	actor. I also und	erstand I am not	able to receive a
refund for services alread	ly rendered.				
Signature of Contractor			Contractor's Name (Print or Type)		
STATE OF FLORIDA					
COUNTY OF	-				
Sworn to (or affirmed) and	d subscribed before	e me this _	day of	, 20	, by
		who is per	sonally known	or has produc	ed identification.
Type of ID Produced	·				
NOTARY'S SIGNATURE as	to Owner or Agent	's Signature	(Nota	ry's Stamp)	