



Change Scope of Work
Pensacola, FL

BUILDING PERMIT NO.:

DATE:

Job Address:

Floor/Unit No.:

Contractor:

Phone No.:

Company Name:

Phone No.:

Owner:

Phone No.:

Builder:

Phone No.:

Type of Building of Structure:

☐ Existing

☐ New

☐ Commercial

☐ Residential

Describe in detail all work to be performed. Be VERY specific as to the nature of work, size and number of items.

SIGNATURE:

DATE: