



**Marion County
Board of County Commissioners**

Building Safety ♦ Permitting

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400
Fax: 352-438-2401

CHANGE/ADD CONTRACTOR(S) + PERMIT MODIFICATION (1 TRADE) * \$50.00

Permit Number: _____

Date: _____

CHANGE/ADD OF SUB-CONTRACTOR OR MAIN CONTRACTOR

Submit the following items on this form:

- 1. Contractor to Be Removed: _____
- 2. Change of Sub-Contractor: Type: _____

Print name of qualifier/owner/authorized agent: _____

Email: _____ Signature: _____

Company name: _____

State license no.: _____ County certificate no.: _____

- 3. Change of Main Contractor: Complete the 'Change of Main Contractor Affidavit' on the back side of this form. *Note: Affidavit must be notarized.*

* Contractor Change Authorized by: Name _____ Signature _____

PERMIT MODIFICATIONS / PLAN REVISIONS

Submit the following items with this form:

- 1. Complete and submit all required forms and documentation for modification

* **\$50.00 per Trade for new or rejected plan revisions**

Describe the modifications/changes being made to the work scope of this permit:

Check the items submitted with this modification:

- | | |
|--|--|
| <input type="checkbox"/> LOT CHANGE TO: Lot: _____ Block : _____ Unit: _____ | <input type="checkbox"/> SUBMIT NEW / REVISION / MODIFIED PLANS (2 SETS) |
| <input type="checkbox"/> PARCEL NO. CHANGE: From: _____ To: _____ | <input type="checkbox"/> RECORDED DEED |
| <input type="checkbox"/> ARN NO. From: _____ To: _____ | <input type="checkbox"/> SUBMIT NEW / MODIFIED SITE PLAN (4 COPIES) |
| <input type="checkbox"/> SITE PLAN REVISION | <input type="checkbox"/> SUBMIT MODIFIED APPLICATION |

FOR OFFICE USE ONLY

Department Reviews for Modification Approval

- | | |
|---|------------|
| <input type="checkbox"/> PERMITTING REVIEWED BY: _____ | DATE _____ |
| <input type="checkbox"/> PLANS REVIEWED BY: _____ | DATE _____ |
| <input type="checkbox"/> FIRE MARSHAL REVIEWED: _____ | DATE _____ |
| <input type="checkbox"/> ZONING REVIEWED BY: _____ | DATE _____ |
| <input type="checkbox"/> DOH REVIEWED BY: _____ | DATE _____ |
| <input type="checkbox"/> IMPACT FEES REVIEWED BY: _____ | DATE _____ |
| <input type="checkbox"/> ROW REVIEWED BY: _____ | DATE _____ |
| <input type="checkbox"/> 911 REVIEWED BY: _____ | DATE _____ |
| <input type="checkbox"/> OTHER DEPT: _____ | DATE _____ |

PMT 2 - Rev 8-15
Continued on Back Side

"Meeting Needs by Exceeding Expectations"



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CHANGE OF MAIN CONTRACTOR AFFIDAVIT

Permit Number: _____ **Date:** _____

NOTICE

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has been commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit may be required for ELECTRICAL, PLUMBING, SIGNS, IRRIGATION WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, ETC.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

OWNER'S AFFIDAVIT: I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AT THE MARION COUNTY CLERK OF COURT AND A CERTIFIED COPY FILED AT THE BUILDING DEPARTMENT, BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Building Contractor Information:

Company Name: _____

State License No.: _____

Print Name of Qualifier/Owner/Authorized Agent _____

County Competency Card No.: _____

(Signature of Contractor)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, _____, by _____.
(Name of person making statement)

(Signature of Notary Public - State of Florida)

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

Personally Known ____ OR Produced Identification _____

Type of Identification Produced