



# Community Development Department Building Construction Services

18400 Murdock Circle | Port Charlotte FL 33948  
Building Phone: 941.743.1201 | Building Fax: 941.764.4907  
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1604  
OnlinePermitting@CharlotteCountyFL.gov  
*"To exceed expectations in the delivery of public services"*

For Office Use Only
Permit Application Number
20 _____
Application Date
CSS Initials _____

## Change of Contractor

(Form must be signed by the property owner and notarized)

This letter is to inform you, \_\_\_\_\_,  
(Name of contractor)  
you are being removed from permit number \_\_\_\_\_ at  
\_\_\_\_\_ as of \_\_\_\_\_.  
(Job address) (Date of Removal)

I am requesting to have this permit closed out.

### Contractor Information

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

### Owner Information

Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_ Lot/Unit # \_\_\_\_\_  
Phone Number \_\_\_\_\_

**\*\*A copy of this letter must be submitted to the Charlotte County Community Development Department along with the completed certified mail receipt from the post office (receipt example attached)\*\***

Property Owner Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_.

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who  is personally known to me or  who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

Notary Seal

Signature of notary \_\_\_\_\_

Printed Name \_\_\_\_\_



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## Change of Contractor Continued

The contractor's address must be listed on the green receipt.

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Certified Mail Fee  
\$ \_\_\_\_\_ **SAMPLE**

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage  
\$ \_\_\_\_\_

Total Postage and Fees  
\$ \_\_\_\_\_

Sent To  
Street and Apt. No., or PO Box No. \_\_\_\_\_ **SAMPLE**  
City, State, ZIP+4® \_\_\_\_\_ **SAMPLE**

Postmark Here

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions