



# HENDRY COUNTY BUILDING LICENSING & CODE ENFORCEMENT

POST OFFICE BOX 2340 • 640 SOUTH MAIN STREET • LABELLE, FLORIDA 33975 • (863) 675-5245 • FAX: (863) 674-4194 •  
1100 OLYMPIA ST – CLEWISTON, FLORIDA 33440 – PHONE (863) 983-1463 – FAX: (863) 983-1467

## SUB-CONTRACTOR CHANGE FORM

I, \_\_\_\_\_ of \_\_\_\_\_ working under  
(Contractor name) (Company name)  
permit # \_\_\_\_\_ am requesting a change of sub-contractors for \_\_\_\_\_.  
(Project Address)

I am aware that all contractors must be either state certified, state registered with Hendry County or hold a Hendry County Certificate of Competency as a Specialty Contractor.

\_\_\_\_\_  
(Existing Company Name) (License #) (Trade)

TO

\_\_\_\_\_  
(Company Name) (License #) (Trade)

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Contractor

The forgoing instrument was sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_. This person \_\_\_\_\_ was personally known to me OR \_\_\_\_\_ produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Notary