



1575 2ND St. Sarasota, FL 34236
941.263.6494

CONTRACTOR REMOVAL REQUEST

Permit Number: _____

Property Address: _____

Building Official:

I, _____ have terminated my construction contract
(Contractor/Business)
with _____. I request to be removed as the contractor
(Property Owner)
of record from the above-mentioned permit on this property.

I hereby acknowledge that I have read and understood the above affidavit on the _____ day of _____, 20____.

(Signature of Contractor or Agent) (Printed Name)

STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed
before me by means of ☐ physical presence or ☐ online notarization, this _____ day of
_____, 20____, by _____
(Name of person making statement)

_____ Personally known or _____ Produced ID _____
(Type of ID & Number)

(Notary Signature) (Notary Name Printed)

(Notary Stamp or Seal)