Assumption of Project by Contractor

Date_____

I, _____, the contractor for _____,
        (contractor name)   (company name)

whose company license number is _____, am notifying the City of
                                 (company license number)

Pensacola of my company's intent to assume responsibility of all work being completed at the address

_____ under permit number _____.
            (address of job)   (permit number)

The scope of work to be completed is as follows:

_____

_____

_____

Job Cost: _____

I understand that by replacing the previous contractor, I am assuming responsibility for all outstanding inspections for code compliance as well as work to be completed as agreed upon in my contract with the property owner. I am also aware that I am required to manually add the permit to my account on MGO to request inspections and upload supporting documents.

_____   _____
Signature of Contractor   Contractor's Name (Print or Type)

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____day of _____, 20____,

by_____, who is personally known____or has produced

identification.

Type of ID Produced _____ .

_____
NOTARY'S SIGNATURE as to Owner or Agent's Signature   (Notary's Stamp)

Please remit in person, upload to permit in portal, or send via e-mail to inspections@cityofpensacola.com.