



**City of Dunnellon - Community Development**

20750 River Dr. | Dunnellon, Florida 34431

Phone: (352) 465-8500 x1010 | Email: [planning@dunnellon.org](mailto:planning@dunnellon.org)

Website: [www.dunnellon.org](http://www.dunnellon.org)

**Contractor Release Affidavit**

*To be completed by owners only*

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Job site location: \_\_\_\_\_

As legal owner of the above referenced property, I request the permit which was issued to:

Contractor name: \_\_\_\_\_ Company name: \_\_\_\_\_

State License # \_\_\_\_\_ County CT# \_\_\_\_\_,

To be **CANCELLED** for the following reasons: \_\_\_\_\_

To **TRANSFER** permit to another Contractor

I **no longer** authorize the previous permit holder to proceed with any work covered by this permit and request that the below sub-contractor(s) be removed.

**The following subcontractors will also be removed and have been duly notified:**

Contractor Name	Certificate # and / or State License #	E-Mail Address / Signature

I agree to hold City of Dunnellon, its agents and authorized personnel, harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from the cancellation of the existing permit or the issuance of a new permit. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting cancellation or transfer. In the event there has been a change of ownership of the property, the new owner assumes the responsibility of notifying the previous owner of any outstanding permits.

***\*\*If contractor will not sign this affidavit, the property owner will need to send a certified letter stating that the contractor is being removed from the above-mentioned permit. We will need a copy letter, proof of certified mailing receipt and this form in order for us to remove the contractor from the permit. Please email all documents to:***

[planning@dunnellon.org](mailto:planning@dunnellon.org)

\_\_\_\_\_  
Printed Name & Signature (Owner)

State of Florida, County of Marion

Sworn to (or affirmed and subscribed before me by means of

physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_

Personally known

Produced ID \_\_\_\_\_

\_\_\_\_\_  
\*\*Printed Name & Signature (Contractor being removed)

State of Florida, County of Marion

Sworn to (or affirmed and subscribed before me by means of

physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_

Personally known

Produced ID \_\_\_\_\_

\_\_\_\_\_  
Notary Signature & Stamp

\_\_\_\_\_  
Notary Signature & Stamp

**This form shall be accompanied along with the completed change of main contractor and / or sub-contractor form**