



VILLAGE OF KEY BISCAIYNE

Department of Building, Zoning and Planning

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Mission Statement: "TO PROVIDE A SAFE, QUALITY ENVIRONMENT FOR ALL ISLANDERS THROUGH RESPONSIBLE GOVERNMENT"

CHANGE OF CONTRACTOR WAIVER OF 10-DAY NOTIFICATION PERIOD

(BZP Change of Contractor Waiver Letter Updated (Electronic Version) 3/1/2011)

Date: ____ / ____ / ____

Re: Property located at (Address and legal description) _____

To Whom It May Concern:

We, the undersigned contractors, have been properly notified of the change of contractor and agree to the change on

Permit Number _____, issued to (Name of permit holder) _____

on (Date) ____ / ____ / ____ . We are aware that we can file an objection that will be part of the file.

Subsidiary Permit Number (s): _____
Permit Type: _____ Category (s): _____
Contractor Number: _____
Qualifier Signature: _____
Print Name: _____

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Permit Type: _____ Category (s): _____
Contractor Number: _____
Qualifier Signature: _____
Print Name: _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

SWORN TO AND SUBSCRIBED

before me this ____ day of _____, 20____
by _____

(SEAL) _____
PRINT, TYPE OR STAMP NAME OF NOTARY

____ Personally known to me
____ Produced Identification

Type of Identification: _____

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before me this ____ day of _____, 20____
by _____

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