

Growth Management Department
Building Inspections
City Hall Annex 105 Miracle Strip Parkway SW
Fort Walton Beach, FL 32548
(850) 833-9605



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)

Fort Walton Beach 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 building@fwb.org.