

**BRADFORD COUNTY  
CONTRACTOR/SUB-CONTRACTOR  
REMOVAL/ REPCEMENT FORM**

PERMIT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

PRIMARY CONTRACTOR: \_\_\_\_\_

REMOVAL CONTRACTOR/SUB-  
CONTRACTOR:

REPLACEMENT CONTRACTOR/SUB-  
CONTRACTOR:

DATE: \_\_\_\_\_

OWNER/CONTRACTOR  
SIGNATURE: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_ BRADFORD \_\_\_\_\_ SWORN TO (OR  
AFFIRMED)

AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF, \_\_\_\_\_ 2007

PERSONALLY KNOWN TO ME \_\_\_\_\_ OR HAS PRODUCED IDENTIFICATION. TYPE OF

IDENTIFICATION PRODUCED DRIVER;S LICENSE NUMBER \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY PUBLIC SIGNATURE: \_\_\_\_\_

