

1900 Hotel Plaza Blvd., Lake Buena Vista, FL 32830 🗢 (407) 828-2034 🗢 (407) 828-4466/IVR 🗢 (407) 828-2416/Fax 🗢 Permitting@oversightdistrict.org

## **PERMIT RELEASE**

	<b>RELEASE FORM</b>		
To be completed by the Owner or Operating Participant, a no longer responsible for the work associated with a perm		ense Holder Form, when the origin	al contractor/license holder is
	PERMIT INFORMATIO	N	
I,	am notifying the Central Flo	rida Tourism Oversight Dist	rict (the District)
Building & Safety Department of the release f	or the following permit:		
Project Name:	Permit #:		
D 1 ( 11			
An active permit issued to:			
An active permit issued to: Current Contractor/License Holder		State License #	
Contractor Address:	City:	State:	Zip:
Contractor Email:		Phone:	
Owner/Operating Participant (OP) Name:		Phone:	
Address:		State:	
All interested parties have been notified o the day of,	20	contractor of record for t	his permit dated
	NOTARY		
Signature of Owner / Operating Participant			
Print Name			
State of Florida, County of			
Sworn to (or affirmed) and subscribed before me this day of	20		
	20		
Personally Known Produced Identification			
Type of Ide	ntification		
Notary to Owner / OP:	ture	Notary Stamp Here	