

CONTRACTOR RECENSION FORM

PERMIT NUMBER _____

EFFECTIVE DATE _____

PROJECT ADDRESS _____

(PRINTED QUALIFIER NAME) _____

(CONTRACTING BUSINESS NAME REPRESENTED) _____

(CONTRACTOR LICENSE NUMBER) _____

IT IS MY INTENTION TO REMOVE MY QUALIFICATION OF REFERENCED PERMIT. I UNDERSTAND I AM RESPONSIBLE FOR ALL WORK AUTHORIZED AND PERFORMED PRIOR TO THE REFERENCED DATE ABOVE AND ALL RESPONSIBILITY SHALL CEASE AS OF THE DATE INITIATED ABOVE.

I HEREBY ACKNOWLEDGE AND EXCLUDE ANY AND ALL RESPONSIBILITY FOR THE PERMIT AND OR WORK CONTINUED, PERFORMED AND OR INSPECTED BEYOND THE DATE INITIATED ABOVE.

NOTARY

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me via physical presence OR online notarizations this _____ day of _____, 20____. By _____.

Personally know _____ OR produced identification _____

Type of identification produced _____.

(SEAL)

Notary Signature

Print Notary Name

My Commission Expires: _____