

HOLD HARMLESS/INDEMNITY FOR REQUESTED PERMIT CANCELLATIONS

A CURRENT, FINANCIAL STATEMENT MUST ACCOMPANY THIS FORM AT THE TIME OF SUBMITTAL.

RE: PROPERTY LOCATED AT: _____
LOT _____ AREA _____, PLANTATION, FLORIDA

GENTLEMEN:

I.

As legal Owner or General Contractor of referenced property, I request cancellation of Permit Number _____ issued to _____, on _____ for the following reasons:

(Check One)

NON-PERFORMANCE OF CONTRACT

CONTRACTOR UNABLE TO COMPLETE WORK

ABANDONMENT OF CONTRACT

CONTRACTOR UNWILLING TO COMPLETE WORK

II.

The original value of the Contract which was given to the contractor who issued the permit was _____. The remaining value of work to be done pursuant to that Contract is approximately \$_____ (which roughly equals the original Contract value less all payments made pursuant to the Contract).

III.

I hereby apply as Owner/Builder or General Contractor, or authorize _____ to apply for such permits as are necessary to construct or complete the construction on the above-referenced property.

IV.

_____ (name of authorized person or entity requesting cancellation/issuance of permit) shall indemnify and hold harmless the CITY OF PLANTATION, and its officers, agents, and employees (including the Building Official), from any and all claims, costs, losses, suits and damages (including, but not limited to, attorney's fees and other professionals and all court or other disputed resolution costs, liabilities, expenditures, or causes of action of any kind), loss, or damage to the CITY OF PLANTATION, and its said employees, officers and agents may suffer as a result of claims, demands, costs and judgments against it arising from, or pertaining to the above requested permit cancellation and permit issuance.

V.

I further assume responsibility for correction, if required, of work performed under the permit for which I request cancellation.

Signed, sealed and delivered
in the presence of witnesses:

DATED the ____ day of _____, 2____.

Witness

By: _____
(Signature)

Witness

(Print Name)

(Print Name of Corporation & Title)

(CITY OFFICIAL USE ONLY):

APPROVED AS TO FORM BY:

APPROVED AS TO FORM ONLY BY:

City Building Official

Date

City Legal Department

Date

(Need acknowledgment of person signing individually or as to position with company or corporation signing)

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, appeared _____, individually, or as President or Officer of _____, who is personally known to me to be the person described in and who executed the foregoing instrument or has produced his/her driver's license(s) as identification and acknowledged before me that he/she executed the same and who did not take an oath, and did otherwise impress the official seal of said corporation thereon under authority duly vested in him/her.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 2_____.

My commission expires:

NOTARY PUBLIC, STATE OF FLORIDA

My commission No. is:

Printed Name of Notary