1965 S. State Road 7
West Park, FL 33023
Tel: 954-989-2676 / Fax: 954-989-2684

HOLD HARMLESS/INDEMNITY FOR REPLACING CONTRACTOR OR SUBCONTRACTOR

Re: Property located at (address and legal description)_____

_____

Gentlemen:
As legal owner of subject property, I request the cancellation of permit number (in full) _____, issued to (name of previous permit holder)_____ (mailing address)_____ _____ on date _____/____/_____ for the following reason_____ _____ _____

Date of last inspection _____/_____/_____
I no longer authorize the previous permit holder to proceed with the work covered by the permit. I hereby apply as owner-builder, or authorize (new contractor) _____ to apply for such permits as construct or complete the construction on subject property.

I agree to hold the City of West Park, its officers, agents ,and authorized personnel (including the Building Official) harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fee), and losses resulting from the cancellation of the existing permit or the insurance of a new permit. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting cancellation. In the event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to transfer the permit.
Very truly yours,

OWNER

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 thereon under authority duly vested in him/her.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____200___.

My commission expires:

_____
NOTARY PUBLIC, STATE OF FLORIDA

My commission No. is:

_____
Printed Name of Notary