



Village of Biscayne Park

640 NE 114 STREET
BISCAYNE PARK, FL 33161
PHONE: 305-899-8000 - FAX: 305-891-7241

- HOLD HARMLESS FORM
PERMIT CANCELLATION
CHANGE OF CONTRACTOR

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Address \_\_\_\_\_

Property Owner \_\_\_\_\_

As legal owner of subject property, I request the [ ] cancellation [ ] transfer of permit number: \_\_\_\_\_
issued to (name and address of current holder): \_\_\_\_\_

effective \_\_\_\_/\_\_\_\_/\_\_\_\_ for the following reason: \_\_\_\_\_

I no longer authorize the previous permit holder to proceed with the work covered by the permit.

I hereby [ ] apply as owner-builder [ ] authorize (new contractor name and address): \_\_\_\_\_

To apply for or transfer such permits as [ ] constructed already [ ] being constructed [ ] to begin construction.

I agree to hold the Village of Biscayne Park, its agents and authorized personnel harmless and relieve them from any responsibility of liability for any legal action or damage, cost or expense (including attorney's fee) resulting from the cancellation/transfer of the exiting permit or the issuance 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/transfer. In the event there has been a change in ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to transfer the permit.

OWNER SIGNATURE
STATE OF FLORIDA
VILLAGE OF BISCAYNE PARK
The person, whose signature appears above,
deposes that he/she is the legal owner of the above
property.

QUALIFIER SIGNATURE
STATE OF FLORIDA
VILLAGE OF BISCAYNE PARK
The person, whose signature appears above,
deposes that he/she is the holder of the above
referenced permit.

SWORN TO AND SUBSCRIBED BEFORE ME
THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_
BY \_\_\_\_\_
[ ] PERSONALLY KNOWN
[ ] PRODUCE IDENTIFICATION \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME
THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_
BY \_\_\_\_\_
[ ] PERSONALLY KNOWN
[ ] PRODUCE IDENTIFICATION \_\_\_\_\_

NOTARY SIGNATURE

NOTARY SIGNATURE

SEAL:

SEAL:

\*\*\*DEPARTMENT USE ONLY\*\*\*
NOTE: THIS LETTER MUST BE SIGNED BY THE OWNER AND THE GENERAL CONTRACTOR IN CASE OF SUBSIDIARY PERMITS OR CHANGE OF QUALIFIER.
DATE ISSUED (ORIGINAL): \_\_\_\_/\_\_\_\_/\_\_\_\_ CHANGE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ FEE: \_\_\_\_\_
LAST VALID INSPECTION: \_\_\_\_/\_\_\_\_/\_\_\_\_