

# Hold Harmless & Change of Contractor

**Notice to Owner of Property:** Prior to the Building Department processing this Change of Contractor request, the property owner is required to send a letter to the contractor of record notifying him/her that they have been terminated from the job. The owner shall attach a copy of the letter along with proof of delivery (either via certified return receipt, courier, hand delivered, etc.) to this request.

ADDRESS: \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

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 to construct or complete the construction on subject property.

I agree to hold Town of Golden Beach, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fee) resulting from the cancellation of the existing 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. 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.

\_\_\_\_\_  
Owner's Signature / Date  
STATE OF FLORIDA / COUNTY OF \_\_\_\_\_ On  
this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_,  
before me the Undersigned Notary Public of the State  
of Florida, personally appeared

\_\_\_\_\_  
(Name(s) of individual(s) who appeared before notary)  
And whose name(s) is/are subscribed to the within  
instrument, and He/she/they acknowledge that he/she/  
they executed it.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
Name of Notary Public: Print, Stamp, or Type as  
Commissioned

( ) Personally known to me or,  
( ) Produced identification \_\_\_\_\_  
(Type of ID Produced)

\_\_\_\_\_  
Contractor of Record's Signature / Date  
STATE OF FLORIDA / COUNTY OF \_\_\_\_\_ On  
this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_,  
before me the Undersigned Notary Public of the State  
of Florida, personally appeared

\_\_\_\_\_  
(Name(s) of individual(s) who appeared before notary)  
And whose name(s) is/are subscribed to the within  
instrument, and He/she/they acknowledge that he/she/  
they executed it.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
Name of Notary Public: Print, Stamp, or Type as  
Commissioned

( ) Personally known to me or,  
( ) Produced identification \_\_\_\_\_  
(Type of ID Produced)

\_\_\_\_\_  
New Contractor/ Date  
STATE OF FLORIDA / COUNTY OF BROWARD On  
this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_,  
before me the Undersigned Notary Public of the State  
of Florida, personally appeared

\_\_\_\_\_  
(Name(s) of individual(s) who appeared before notary)  
And whose name(s) is/are subscribed to the within  
instrument, and He/she/they acknowledge that he/she/  
they executed it.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
Name of Notary Public: Print, Stamp, or Type  
as Commissioned

( ) Personally known to me or,  
( ) Produced identification \_\_\_\_\_  
(Type of ID Produced)

Accepted & Approved By:

Town of Golden Beach Building Dept.

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Name of Inspector/ Title

\_\_\_\_\_  
Date



# TOWN OF GOLDEN BEACH

BUILDING DEPARTMENT  
100 Ocean Boulevard  
Golden Beach, FL 33160  
Office: 305-932-0744 Fax: 305-933-3825  
[www.goldenbeach.us](http://www.goldenbeach.us)

FOR OFFICE USE ONLY

Process No: \_\_\_\_\_  
Date Applied \_\_\_\_\_  
Clerk \_\_\_\_\_

Master Permit Number: \_\_\_\_\_

## PERMIT APPLICATION

Master Sub- Permit

1. OWNER INFORMATION	Owner _____ Address _____ City _____ ST _____ Zip _____ Job Address _____ Phone No. _____			2. CONTRACTOR INFORMATION	Company Name _____ Qualifier Name _____ Address _____ City _____ ST _____ Zip _____ Lic. No. _____ Phone No. _____		
	3. PERMIT TYPE	Choose only One Building Electrical Mechanical Plumbing Landscape Roofing	4. CHANGE TO AN EXISTING PERMIT		Revision Renewal Shop Drawing Public Works _____	4. TYPE OF IMPROVEMENT	Choose only One New Construction Addition Attached Alteration Interior Alteration Exterior Repair/Replace
5. ARCHITECT/ENGINEER INFO	Name _____ Address _____ City _____ ST _____ Zip Code _____ Lic. No. _____ Discipline _____ Phone No. _____			7. LEGAL/USE/WORK VALUE	Folio No. 19-1235-_____ Lot(s) _____ Block _____ PB _____  Square FT. _____ Linear FT. _____ Estimated Value of the Work: _____ Description of Work _____ _____ _____		
6. CONTACT INFO	Name _____ E-mail _____ Phone No. _____						

Application is hereby made to obtain a permit to do the work and/or installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for Electrical, Plumbing, Mechanical, Windows, Doors, Roofing, Site Walls, Fencing, Driveways, Pools, Spas, Pool Decks, Outdoor Kitchens, Accessory Structures, Irrigation, Landscape and Landscape Lighting work and other categories not mentioned.

Owner's Affidavit: I certify that all the foregoing information is accurate and that work will be done in compliance with all applicable laws regulating construction and zoning.

### NOTICE REGARDING BUILDING PERMIT APPLICATIONS

The Completion and submission of a Building Permit Application is a requirement of securing a Building Permit. The Town will rely upon the information contained in the Application in determining whether a Building Permit should be issued. The submission of inaccurate, misleading or misrepresented information in the Application shall subject the Building Permit to denial, suspension or revocation, and the individual applying for the permit, to all appropriate fines, penalties and other punishments authorized by law. KINDLY GOVERN YOURSELF ACCORDINGLY.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

8. OWNER INFORMATION	Print Name _____ Owner's Signature _____ Date _____ Notary Public- State of Florida at Large _____		9. QUALIFIER INFORMATION	Print Name _____ Qualifier's Signature _____ Date _____ Notary Public- State of Florida at Large _____	
	Notary Stamp			Notary Stamp	

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Approvals	APPROVED/DATE	DISAPPROVED/DATE	FEE CATEGORIES:	FEES \$	
Building			Permit Fee		
Structural			Street Sweeping		
Electrical			Trash Removal		
Mechanical			Scanning		
Plumbing			Infrastructure		
Landscaping			BCCD		
Zoning			Education		
Building Dir			State Surcharge		
Publics Works			Sub-Total		
Grading / Drainage			Process Fee		
			<b>Total Fees</b>		