



City of Port St. Lucie Building Department
 121 SW Port St. Lucie Blvd
 Port St. Lucie, FL 34984
 772-871-5132 • Web Site: <http://www.cityofpsl.com>
 To Schedule Inspections Call: 871-5270

**Hold Harmless / Idemnity
 to Cancel or Transfer a
 Valid Permit**

PERMIT # _____

PROPERTY ADDRESS				
LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#
OWNER		MAIL ADDRESS	ZIP	PHONE CELL
CONTRACTOR		MAIL ADDRESS	ZIP	STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE	FAX #	CELL

Commercial: Residential:

As legal *Property Owner or Contractor* (circle one) I, _____ request:

Check one: **Cancellation:** **Transfer:**

of Permit Number _____ Issued to _____, on _____, 20____ due to the following circumstances:

- Non-Performance of Contract Transfer to New Contractor or HOB Contract Disputes
 Abandonment of Contract Contractor is Deceased

Further, I understand that the replacement contractor will assume responsibility for any/all work performed under this permit.

I hereby agree to re-apply as Owner/Builder or Authorize, _____, to apply for such permit(s) as may be necessary to construct or complete construction at the property listed herein.

IDEMNIFICATION: I, _____ (Property Owner or Contractor), hereby indemnify and hold harmless the City of Port St. Lucie, its officers, agents, and employees (including but not limited to Building Official(s), from all costs, fees, or damages arising from any and all claims of action for any reason, which may arise from or pertain to this permit cancellation and re-issue request.

(Note: A copy of this notice will be sent via regular mail to the prior contractor or owner, where applicable.)

Refund Requested: YES NO Amount approved: \$ _____

All refunds may be subject to an administrative charge per Article VII Sec. 150.701 of the city code of ordinance.

Signature of Contractor Date

Signature of Owner Date

Print Name

Print Name

Notary
As to Contractor: _____

Notary
as to Owner or Agent: _____

Sworn before me on this _____ day of _____, 20____
Personally known _____ Produced ID _____ Type of ID _____

THIS FORM MUST BE APPROVED BY A SUPERVISOR: _____
 (Supervisors Initials)