

**City of Florida City
Building & Zoning
404 West Palm Drive
Florida City, Fl 33034**

Hold Harmless

Re: Property located at (Address and Folio Number) _____

Building Official:

As _____ Contractor for Permit # _____
issued _____, I request that this permit be canceled for the following reason(s):

Owner's name on permit: _____, Owner's Address on
permit: _____

Date of last inspection (if any) _____.

This is a voluntary withdrawal and I request a copy of this form will be furnished to the owner of record listed above.

I agree to hold the City of Florida City, 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 any work performed under the permit for which I am requesting cancellation.

Contractor Signature

Contractor (Print Name)

Contractor License Number

State of Florida

County of Miami-Dade

The person, whose signature appears above, deposes that he/she is _____
Contractor of the above listed permit.

Identification: Personally Known ___ or Produced Identification _____
Type of identification produced _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 2____.

Notary Public, State of Florida at Large

(SEAL)

Building & Zoning Representative