



**City of Sunny Isles Beach  
 Building Department  
 18070 Collins Avenue, 3rd Floor, Ph: 305.947.2150 Fax: 305.792.1565  
 HOLD HARMLESS AFFIDAVIT**

I, \_\_\_\_\_, as legal owner of the property located at: \_\_\_\_\_ request the cancellation of the following permit:

**Permit No.:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_  
**Previous Permit Holder:** \_\_\_\_\_  
**Previous Permit Holder's Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Type of Work:** \_\_\_\_\_  
**Date of Last Inspection:** \_\_\_\_\_  
**Reason for Cancellation:** \_\_\_\_\_  
 \_\_\_\_\_

By executing this affidavit, I apply as owner/builder or authorize \_\_\_\_\_ as new contractor to apply for such permit(s) as necessary to construct or complete the construction on the subject property.

I, on behalf of myself, my agent, contractor, employee(s), successor(s) and assign(s) agree to hold the City of Sunny Isles Beach, its commissioners, employees, agents, contractors, assigns and authorized personnel, harmless and relieve them from any responsibility or liability from any legal action or expense (including attorney's fees through the appellate level) resulting from the cancellation of the existing permit or the issuance of a new permit. Furthermore, I 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 said property, the new owner assumes the responsibility of notifying the previous owner of his/her intent to transfer the permit.

The person whose signature appears below swears that he / she is the legal owner of the above referenced property.

\_\_\_\_\_  
**OWNER**

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_;  
 by: \_\_\_\_\_; who is [ ] personally known to me or [ ] has produced identification (type produced: \_\_\_\_\_).

\_\_\_\_\_  
**NOTARY PUBLIC**, State of Florida [affix Notary stamp here]

**\*\*\* NOTE: THIS AREA SHOULD BE COMPLETED BY PRIME CONTRACTOR \*\*\***

\_\_\_\_\_  
**CONTRACTOR'S NAME** **CONTRACTOR'S SIGNATURE**

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; by: \_\_\_\_\_ as authorized representative of the following named corporation \_\_\_\_\_; who is [ ] personally known to me or [ ] has produced identification (type produced: \_\_\_\_\_).

\_\_\_\_\_  
**NOTARY PUBLIC**, State of Florida [affix Notary stamp here]