



AFFIDAVIT FOR PERMIT CANCELLATION/TRANSFER/CHANGE OF CONTRACTOR/HOLD HARMLESS

DATE: _____

CITY OF HIALEAH GARDENS
10001 NW 87 AVE
HIALEAH GARDENS, FL 33016

RE: PROPERTY ADDRESS _____

GENTLEMEN:

WE (I) _____, OWNER(S) AND _____,
(OWNER OF PROPERTY) (EXISTING QUALIFIER)

EXISTING CONTRACTOR OF RECORDS FOR THE ABOVE REFERENCED PROPERTY, REQUEST THE CANCELLATION
OF PERMIT NUMBER _____ ISSUED TO _____

ON _____ FOR THE FOLLOWING REASON: _____
(JOB PERMIT #) (EXISTING CONTRACTOR COMPANY)

(DATE)
I HEREBY AUTHORIZE: _____ TO APPLY FOR SUCH PERMIT(S) AS ARE
NECESSARY TO CONSTRUCT OR COMPLETE THE CONSTRUCTION ON SUBJECT PROPERTY.

I AGREE TO DEFEND AND HOLD HARMLESS THE CITY OF HIALEAH GARDENS AND THE BUILDING OFFICIAL AND
RELEASE THEM FROM ANY RESPONSIBILITY OR LIABILITY FOR ANY AND ALL LEGAL ACTION(S) OR DAMAGE
RESULTING FROM THE WORK PERFORMED OR THE CANCELLATION OF THE EXISTING PERMIT OR THE
ISSUANCE OF A NEW PERMIT.

THE UNDERSIGNED, BEING FIRST DULY SWORN, DEPOSES AND SAYS THAT HE/SHE IS THE LEGAL OWNER OF THE
ABOVE PROPERTY. (IF OWNER NOT AVAILABLE, MUST BRING POWER OF ATTORNEY LETTER)

(OWNER'S SIGNATURE ONLY)

(PRINTS OWNER'S NAME)

STATE OF FLORIDA
COUNTY OF MIAMI DADE

SWORN TO AND SUBSCRIBED

BEFORE ME _____ THIS DAY OF _____, 20____

NOTARY PUBLIC/DADE EXPIRED

THE UNDERSIGNED, BEING FIRST DULY SWORN, DEPOSES AND SAYS THAT HE/SHE IS THE ABOVE REFERENCED CONTRACTOR

STATE OF FLORIDA
COUNTY OF MIAMI DADE

EXISTING CONTRACTOR'S SIGNATURE NOT NEW CONTRACTOR

(PRINT NAME)

BEFORE ME _____ THIS DAY OF _____, 20____

NOTARY PUBLIC/DADE EXPIRED

BUILDING DIRECTOR

CANCELLATION

