

**CITY OF MIAMI SPRINGS  
BUILDING DEPARTMENT**  
201 WESTWARD DRIVE, MIAMI SPRINGS, FL 33166  
PHONE: (305) 805-5030

**HOLD HARMLESS**

Date: \_\_\_ / \_\_\_ / \_\_\_

Re: Property located at (address and legal description) \_\_\_\_\_

Gentlemen:

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 as construct of complete the construction on subject property.

I agree to hold City of Miami Springs, 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.

Very truly yours,

**OWNER**

**PRIME CONTRACTOR** (only if Sub-Contractor holds the permit or if there is a change of qualifier)

STATE OF FLORIDA)  
COUNTY OF MIAMI-DADE) SS:

STATE OF FLORIDA)  
COUNTY OF MIAMI-DADE) SS:

The person whose signature appears above, deposes that he/she is the legal owner of the above property.

**SWORN TO AND SUBSCRIBED**

**SWORN TO AND SUBSCRIBED**  
before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

before me this day \_\_\_ of \_\_\_\_\_, 20\_\_\_.

By \_\_\_\_\_

By \_\_\_\_\_

**\*\*\* DEPARTMENT USE ONLY \*\*\***

Note: Hold Harmless letter must be sign by the owner of the property and the General Contractor in a Case of subsidiary permits or change of qualifier.

Date Issued \_\_\_ / \_\_\_ / \_\_\_ Change Date \_\_\_ / \_\_\_ / \_\_\_ Fee: \$ \_\_\_\_\_ Last Valid Inspection \_\_\_ / \_\_\_ / \_\_\_