



City of Alachua

BUILDING DEPARTMENT
15100 NW 142nd Terrace
PO BOX 9
ALACHUA, FL 32616
Phone: (386)418-6120 \* Fax: (386)418-6130

CHANGE OF CONTRACTOR HOLD HARMLESS

DATE: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

RE: Property located at: \_\_\_\_\_

As legal owner of subject property, I no longer authorize the previous permit holder \_\_\_\_\_, at mailing address: \_\_\_\_\_, to proceed with the work covered by the permit issued on (date) \_\_\_\_\_

I hereby apply as owner-builder [F.S. 489.103(7) as defined], or authorize (new contractor): \_\_\_\_\_ to construct or complete the construction at subject property.

I, \_\_\_\_\_, agree to hold the City of Alachua Building Department, 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 fees) resulting from the cancellation of the existing permit or the issuance of a new permit. 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.

Sincerely,

Signature of Applicant

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is personally known to me, or who has produced identification.

Type of Identification: \_\_\_\_\_

(Seal)

Notary Public, State of Florida

