



CITY OF PORT ST. LUCIE

PUBLIC WORKS DEPARTMENT

Request to Cancel or Transfer a Residential Permit

December 2020

Permit Number / D Number:	RP Number:
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Property Address:				
Lot(s)	Block	Section	Parcel ID Number	
Owner	Mail Address		Zip	Phone Number
				Cell Number
Contractor	Mail Address		Zip	State Lic. #
				PSL Comp. #
Contractor Email		Phone Number	Fax Number	Cell Number

As legal Property Owner or Contractor I, _____, request
 (Check one): Cancellation Transfer
 of Permit # / D # _____ / RP # _____ issued to _____,
 on _____, 20____ due to the following circumstances:

- Non-Performance of Contract
 Transfer to New Contractor or HOB
 Contract Disputes
 Abandonment of Contract
 Contractor is Deceased

Further, I understand that the replacement contractor will assume responsibility for any/all work performed under this permit. I hereby agree to re-apply as Owner/Builder or Authorize, _____, to apply for such permit(s) as maybe necessary to construct or complete construction at the property listed herein.

INDEMNIFICATION: I, _____ (Property Owner or Contractor), hereby indemnify and hold harmless the City of Port St. Lucie, its officers, agents, and employees (including but not limited to Building Official(s)), from all costs, fees, or damages arising from any and all claims of action for any reason, which may arise from or pertain to this permit cancellation and re-issue request.
 (Note: A copy of this notice will be sent to the prior contractor or owner, where applicable.)

Signature of Contractor _____ Date _____ Signature of Owner _____ Date _____

Print Name _____ Print Name _____

Notary as to Contractor: _____ Notary as to Owner or Agent: _____

Sworn before me on this _____ day of _____, 20 _____

Personally known _____ Produced ID _____ Type of ID _____

****Do not write below this line****

Public Works Reviewer: _____