



# Permit Transfer Affidavit

Licensed Contractor and City of Marco Island  
(Hold Harmless)

# 46

Permit #: \_\_\_\_\_ Project Address: \_\_\_\_\_

Current Contractor Company Name: \_\_\_\_\_

Current Qualifier Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Contact Info: \_\_\_\_\_

We, the undersigned, hereby affirm that:

- An affidavit of release and transfer of the above referenced permit has been requested from the contractor of record and that the contractor of record has refused to provide such an affidavit;
- We are requesting that the City of Marco Island transfer the building permit from the contractor of record to the licensed contractor named below, to complete the construction of the project;
- That we will comply fully with the terms and conditions of the Marco Island Administrative Construction Code and complete all applicable Building Services Division applications prior to the permit release and transfer;
- That we as owner and contractor are responsible for fully complying with all requirements of Chapter 713, Florida Statutes;
- That in consideration for the release and transfer of the building permit by the Building Services Division, we agree to indemnify and hold the City of Marco Island, its employees and agents, successors and/or assigns harmless from any and all liability, losses, penalties, damages, and professional fees, including attorneys' fees and all costs of litigation and judgments associated with the release and transfer of the building permit.

\_\_\_\_\_  
Print Name of Licensed Contractor to receive permit

\_\_\_\_\_  
Print Name of Property Owner

\_\_\_\_\_  
Signature of Property Owner

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, who is  personally known to me, or  has produced \_\_\_\_\_ as  
identification, by means of  physical presence or  online notarization.

\_\_\_\_\_  
Signature, Notary Public – State of Florida

(Seal)

\_\_\_\_\_  
Printed, Typed, or Stamped Name of Notary

[Link to Instructions](#)

**Note: When processed in its entirety, please email the required documentation to [permitdesk@cityofmarcoisland.com](mailto:permitdesk@cityofmarcoisland.com). If you need further assistance, please contact [permitdesk@cityofmarcoisland.com](mailto:permitdesk@cityofmarcoisland.com) or call 239-389-5059**