ZONING COMPLETION AGREEMENT

APPLICATION DATE _____

OWNER _____ADDRESS _____ PHONE _____

CONTRACTOR _____ ADDRESS_____ PHONE _____

BUILDING PERMIT# _____ PERMIT DESCRIPTION _____

SITE ADDRESS _____

The components as specified below will not be complete prior to the typical inspection milestone:

Landscaping _____ Site Lighting _____ Other _____

Specify component _____

PLEASE NOTE:
THE CERTIFICATE OF OCCUPANCY AND/OR CERTIFICATE OF COMPLETION IS ON HOLD UNTILTHE COMPONENTS SPECIFIED ABOVE HAVE PASSED INSPECTION.

ACKNOWLEDGEMENT AND AGREEMENT:
A postponement of the above-indicated inspection(s) is requested for the reason stated. There will be no occupancy of any type, until the Building Official issues a Certificate of Occupancy.

I, my successors or assigns (print name) _____ will at all times assume all risks and further will protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, employees and elected officers, and each of them free and harmless at all times from and against any and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, interests, attorney's fees, costs and expenses of whatsoever kind or nature whether directly or indirectly caused, occasioned or contributed to in whole or in part, by reason of the exercise or attempted exercise of this Agreement and/or by reason or any act, omission or fault whether active or passive of County, or anyone acting under its direction or control, or on its behalf in connection with or identical to the performance of this Agreement. The aforesaid indemnity and hold harmless obligations, or application of portions thereof, shall apply to the fullest extent permitted by law. The above provisions shall also be fully applicable to and include any damage that I, or my successors or assigns, may incur due to action the County takes as a result of any violation of this Agreement.

_____ _____

Contractor Date Authorized Division Personnel Date

NOTARY PUBLIC INFORMATION:

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization, this _____ day of _____, 20____ by _____ *(name of person acknowledging)*.

He/she is personally known to me or has produced _____ *(type of identification)* as identification and did/did not take an oath *(circle correct response)*.

_____ _____

(Name - type, stamp or print clearly) (Signature)

My Commission Expires on: _____

NOTARY'S SEAL OR STAMP