



BUILDING DEPARTMENT

190 Malabar Road SW • Suite 105 • Palm Bay, Florida 32907

Phone: 321 -953-8924 •

Email: permitinfo@palmbayfl.gov

Website: <https://ims.palmbayfl.gov/ims>



Stocking Permit Hold Harmless Agreement

WHEREAS, _____, herein referred to as "OWNER," owns the property at
_____(Permit # _____) hereinafter referred to as "PROPERTY".

NOW, THEREFORE, OWNER, LESSEE, AND CONTRACTOR, in consideration of issuance of the Stocking Permit for certain work on the PROPERTY, do hereby agree as follows:

1. The owner, lessee and contractor will only stock the building and understand that this is not a C.O. or Temporary C.O. for Occupancy or use of the space. No training or hiring of employees shall occur unless otherwise approved.
2. That "OWNER," his heirs, assigns and successors in interest waive, renounce, relinquish, absolve and discharge the The City of Palm Bay from any and all liability for personal injury and property damage which may result from the issuance of the Stocking Permit for certain work on the PROPERTY even if the issuance of the Stocking Permit for certain work on the PROPERTY is later found to be wrongful or negligent.
3. That "OWNER" shall defend, hold harmless and indemnify the The City of Palm Bay from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the The City of Palm Bay may sustain, suffer, incur or be required to pay, by reason of the issuance of the Stocking Permit for certain work on the PROPERTY even if the issuance of the Stocking Permit for certain work on the PROPERTY is later found to be wrongful or negligent.
4. In the event that the The City of Palm Bay determines that the conditions of this agreement and/or the requirements of the The City of Palm Bay Code of Ordinances have been violated, the City retains the right to revoke the authorization to stock the building and, upon written revocation, stocking of the building will cease.

We agree to the following conditions:

1. All life-safety systems will remain fully operational.
2. All fire extinguishers will be in place and operational.
3. All means of ingress/egress will remain clear and unobstructed.
4. Bathroom facilities will be available and functional. Water coolers shall be available for employees that are stocking the building.
5. Barricades will remain in place to direct traffic and persons away from the unfinished areas of the site.
6. The facility and site will comply with all applicable codes and ordinances
7. All general public are restricted from premises until time of Temporary C.O. or full C.O.
8. All of the above conditions are to be monitored by the owner, contractor, and lessee and they shall insure that the above conditions are complied with daily.
9. Contractor shall schedule any remaining finals when stocking is completed.

Fire & Rescue Approval: _____ **Chief Building Official:** _____

(continued on reverse side)

Signed, sealed, and delivered in the presence of

Owner's Signature

Witness

Owner's Name (*printed*)

Phone

STATE OF FLORIDA, COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ (.date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who (did) (did not) take an oath.

(SEAL)

Signature of person taking acknowledgement _____

Name of officer taking acknowledgement-typed, printed or stamped _____

Title or rank _____ Serial number, if any _____

Contractor's Signature

Witness

Contractor's Name (*printed*)

Phone

STATE OF FLORIDA, COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who (did) (did not) take an oath.

(SEAL)

Signature of person taking acknowledgement _____

Name of officer taking acknowledgement-typed, printed or stamped _____

Title or rank _____ Serial number, if any _____

Fire & Rescue signature approval: _____

Lessee's Signature

Witness

Lessee's Name (*printed*)

Phone

STATE OF FLORIDA, COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who (did) (did not) take an oath.

Signature of person taking acknowledgement _____ (SEAL)

Name of officer taking acknowledgement-typed, printed or stamped _____

Title or rank _____ Serial number, if any _____

End of document