



Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, FL 33470
Phone: 561.807.6675 Fax: 561.793.2420
www.loxahatcheegrovesfl.gov

CONDITIONAL CERTIFICATE OF OCCUPANCY AGREEMENT

APPLICATION DATE: _____

OWNER: _____ **PHONE:** _____

ADDRESS: _____

CONTRACTOR: _____ **PHONE:** _____

ADDRESS: _____

PERMIT # _____

JOB ADDRESS: _____

PERMIT DESCRIPTION: _____

The component specified below will be completed by _____ . (Also state reason)
Date _____

ACKNOWLEDGMENT AND AGREEMENT:

The Final Certificate of Occupancy will be issued contingent upon the completion of the above-indicated components for the reason stated. This agreement to complete the above items by the date indicated is binding to any successors, assignees or me. As witnessed by my signature, I, my successors or assignees who take possession of said property prior to the completion of the above components, hereby agree to abide by all the terms and conditions of this agreement. I, my successors or assignees who take possession of said property do further agree to permit The Town of Loxahatchee Groves to take appropriate action, including revoking the Certificate of Occupancy and having the power disconnected for any violation of this agreement



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I, my successors or assignees will at all times assume all risks and further will protect, defend, reimburse, indemnify and hold Loxahatchee Groves, 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, interest, attorney's fees, cost and expenses of whatever kind or nature whether arising in any manner directly or indirectly cause, occasioned or contributed to in whole or in part, by reason of the exercise or attempted exercise of this agreement. The aforesaid indemnity and hold harmless obligations or portions of application thereof, shall apply to the fullest extent permitted by law. The above provisions shall be fully applicable to and include any damage my successors, my assignees or I may incur due to the disconnection of electrical power or any other action Loxahatchee Groves takes as a result of this agreement.

OWNER SIGNATURE

DATE

OWNER NAME PRINT

The foregoing instrument was acknowledged before me this _____ by _____
Date Name of Person Acknowledging

Who is personally known to me or who has produced _____ as identification and who did/did not take
an oath. Type of ID

Signature of person taking acknowledgment

SEAL

CONTRACTOR

DATE

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ by _____
Date Name of Person Acknowledging

Who is personally known to me or who has produced _____ as identification and who did/did not take
an oath. Type of ID

Signature of person taking acknowledgment

SEAL

YOU MUST OBTAIN ALL REQUIRED AGENCY APPROVALS PRIOR TO SUBMITTAL OF THIS REQUEST.