Town of Miami Lakes
15150 NW 79th CT
Miami Lakes, Florida 33014
Phone: 305.827.4015 • Fax: 305.558.9884
www.miamilakes-fl.gov
BUILDING DEPARTMENT

COVENANT OF CONSTRUCTION WITHIN RIGHT OF WAY

WHEREAS, _____, _____
SIGNATURE

Hereinafter referred to as the OWNER of the following described property:

_____

_____

_____

Requests permission to install :_____

_____

Within the public road right of way of _____

In CONSIDERATION of the approval of this permit by the TOWN OF MIAMI LAKES Public Works Department, the Owner agrees as follows:

1. To maintain and repair, when necessary, the above mentioned item(s) installed within the dedicated right of way. If it becomes necessary for the Town and/or the Town of Miami Lakes to makes repairs of maintain said item(s) within public right of way including restoration of streets by reason of the Owner's failure to do so, such expense shall be paid by the Owner or shall constitute a lien against the above described property until paid.

2. The Owner does hereby agree to indemnify and hold the Town of Miami Lakes harmless from any and shall liability which may arise by virtue of Town of Miami Lakes permitting the installation of these item(s) within the public right of way.

3. The Owner does hereby agree to remove or relocate their facilities at their own expense, within 60 days notice by the Public Works Department to do so. Failure to comply with this notice will result in the removal of items and a lien being placed on the property and/or assessed against the owner for all costs incurred in the removal and disposal of the item(s) by either Miami-Dade County or the Town of Miami Lakes.

4. The undersigned further agrees that these conditions shall be deemed a covenant running with the land and shall remain in full force and effect and be binding on the undersigned, their heirs and assigns, until such time as this obligation has been cancelled by an affidavit filed in the Public Records of Dade County, Florida by the Director of the Public Works Department (or his full authorized representative).

Signed, sealed executed and acknowledged on the ____ day of _____ 20___, at Miami, Florida.

Signed, sealed and delivered in the presence of:

_____ _____(SEAL)

_____ _____(SEAL)

STATE OF FLORIDA

COUNTY OF MIAIMI- DADE

I HEREBY CERTIFY, that on this ____ day of _____, A.D. 20___, before me personally appeared, _____ _____ to me known to be the person _____ described in and who executed the foregoing Covenant to the Town of Miami Lakes, a body Corporate, and a political subdivision of the State of Florida, and _____ acknowledged to me the execution thereof to be _____ free act and deed for the uses and purposes therein mentioned.

WITNESS my signature and officials seal at _____, in the County and State aforesaid, the day and year last aforesaid.

_____

Notary Public, State of _____

My Commission expires: _____

(ACKNOWLEDGEMENT – CORPORATION)

STATE OF FLORIDA)
) SS.
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, this day personally appeared _____ and _____ both being to me well known and by me to be the _____ President and_____Secretary of the _____ a Corporation under the laws of the State of _____, and which said Corporation is known by me to be the person described in and which executed the foregoing Covenant, the said officers of the said Corporation being likewise known by me to be the officers thereof who, in their official capacities as such officers of said Corporation executed, signed and delivered the said Covenant as the act and deed of said Corporation, and the said officers of said Corporation then and there severally acknowledged to and before me that they executed the said Covenant, acting in their said official capacities, for and as the act and deed of the said Corporation and in its name, and impresses thereon it Corporate Seal, for the uses and the purposes therein mentioned, and after being thereunto by the said Corporation duly authorized and directed.

WITNEESS my hand and official Seal at _____, in the County and State aforesaid, on this, the _____ day of _____, A.D. 20___.

_____
Notary Public, State of _____
My Commission expires:_____