



**TOWN OF MIAMI LAKES**  
**BUILDING DEPARTMENT**  
 15700 Northwest 67th Avenue, Suite 101  
 Miami Lakes, Florida 33014  
 Telephone: (305) 827-4015  
 Facsimile: (305) 558-9884

**TOWN OF MIAMI LAKES RIGHT-OF-ENTRY PERMIT (INCLUDES HOLD HARMLESS AND INSURANCE CLAUSES)**

Property Address/Description: \_\_\_\_\_

Owner or Owner's Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

**Right of Entry**

I certify that I am the owner, or an owner's authorized agent, of the property described above. I grant, freely and without coercion, the right of access and entry to said property to the (eligible applicant), its agents, contractors, and subcontractors, for the purpose of demolishing, removing and/or clearing any or all storm-generated debris of whatever nature from the above-described property.

**Hold Harmless**

I understand that this permit is not an obligation upon the government to perform debris removal. I agree to hold harmless the Town of Miami Lakes, United States Government, the Federal Emergency Management Agency (FEMA), the State of Florida, and any of their agencies, agents, contractors, and subcontractors, for damages of any type whatsoever, either to the above-described property or to persons situated thereon. I release, discharge, and waive any action, either legal or equitable, that might arise by reason of any action of the above entities, while removing storm-generated debris from the property. I will mark any sewer lines, septic tanks, water lines, and utilities located on the described property.

**Duplication of Benefits**

Most homeowner's insurance policies have coverage to pay for removal of storm-generated debris. I understand that Federal law (42 United States Code 5155 et seq.) requires me to reimburse (eligible applicant) the cost of removing the storm-generated debris to the extent covered in my insurance policy. I also understand that I must provide a copy of the proof/statement of loss from my insurance company to (eligible applicant). If I have received payment, or when I receive payment, for debris removal from my insurance company, or any other source, I agree to notify and send payment and proof/statement of loss to (eligible applicant). I understand that all disaster related funding, including that for debris removal from private property, is subject to audit.

**Sworn and attested:**

All owners must sign below

Owner: \_\_\_\_\_  
 Print Name

Owner: \_\_\_\_\_  
 Print Name

Signature \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_

Please do not remove the following items: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

State of Florida  
County of Miami-Dade

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ as \_\_\_\_\_  
(name of person) (type of authority, e.g. officer, trustee, attorney in fact)

for \_\_\_\_\_ .  
(name of party or company on behalf of whom instrument was executed)

Stamp here:

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

Personally known \_\_\_\_ or produced identification \_\_\_\_.

Type of identification produced: \_\_\_\_\_.