

Office of Planning and Development – Building Division
PO Box 9005, Drawer GM02
330 W. Church Street
Bartow, Florida, 33831-9005
863-534-6080



www.polk-county.net/aca

Concrete Driveway Paver Release Form

This Instrument Prepared by: Name: _____

Address: _____

INSTRUCTIONS

Specifications showing the particular pavers to be used are appropriate for vehicular traffic area and required installation procedures shall be inspected and approved. This instrument must be completed, notarized, and recorded by the Clerk of courts and a certified copy submitted prior to driveway approval.

Property Owner's Name: _____

Address: _____

Building Permit Number: _____ Parcel ID Number: _____

PROPERTY OWNER STATEMENT:

I am using concrete pavers to construct my residential driveway(s)/sidewalk and accept full responsibility for any required maintenance or repair. I will also be responsible for paver replacement or reconstruction in the event the County must remove any portion of my driveway/sidewalk for any work to be performed in the right-of-way.

In consideration for the use of the County's right-of-way, the property owner agrees to indemnify and defend the County for any negligent acts or omissions which may arise from the work or the property owner, or any intentional tortuous acts or omissions which result in claims or suits against the County, and agrees to be liable for damages proximately caused by said acts or omissions and arising from the work herein. This agreement to indemnify the COUNTY applies regardless of whether the property owner is negligent in whole or in part so long as the negligence arises from the work of the property owner.

This agreement shall run with the land and by accepting the interest in this property, subsequent property owners agree to be responsible for paver maintenance, repair, replacement, and/or reconstruction and to indemnify the County as stated herein.

I hereby acknowledge that I have read and understand the above affidavit on this _____ day of _____, 20__ .

Signature of Property Owner

Printed Name of Owner

State of _____, County of _____

The foregoing instrument was sworn to and subscribed before me this _____ day of _____, 20__ by _____ who is personally known to me or has produced _____ as identification.

Signature of Notary Public State of Florida

Print, type, or stamp name of Notary

My Commission Expires: _____