



Planning, Zoning, Building Department  
12300 West Forest Hill Boulevard  
Wellington, Florida 33414  
[www.wellingtonfl.gov](http://www.wellingtonfl.gov)  
Phone: (561) 753-2430 Fax: (561) 791-4045

## COMPLETION AGREEMENT

APPLICATION DATE \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

BUILDING PERMIT # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

JOB ADDRESS \_\_\_\_\_

PERMIT DESCRIPTION \_\_\_\_\_

The components or systems specified below will not be completed PRIOR TO  
CERTIFICATE OF OCCUPANCY/COMPLETION and will be completed by

\_\_\_\_\_ (Date)

Specify component or system \_\_\_\_\_

### ACKNOWLEDGMENT AND AGREEMENT:

The Certificate will be issued contingent upon the completion of the above indicated component(s) or system(s) for the reason stated. This Agreement to complete the above indicated component(s) or system(s) by the date indicated above is binding upon me, my successors or assigns.

As witnessed by my signature, I, my successors or assignees who may take possession of said property prior to the completion of the above components or systems, hereby agree to abide by all the terms and conditions of this agreement. I, my successors or assigns who may take possession of said property prior to the completion of the above components or systems, do further agree to permit the Village of Wellington to take the appropriate action, including

revoking the Certificate of Occupancy/Completion and having the electrical power disconnected for any violation of this Agreement.

As witnessed by my Contractor signature, I hereby certify that the work items to be completed are (were) part of the permitted works, that completion is required to satisfy the Certificate of Occupancy/Completion requirements fully, and that my failure to complete them would constitute a willful code violation, subjecting me to a Hearing before the Construction Board of Appeals, which may result in reduction of my future permitting privileges in the Village of Wellington.

I, (print) \_\_\_\_\_ my successors or assigns will at all times assume all risks and further will protect, defend, reimburse, indemnify and hold Wellington, 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, costs and expenses of whatsoever kind or nature whether directly or indirectly caused, occasioned or contributed to in whole or in part, by reason of the exercise or attempted exercise of this Agreement and/or by reason of any act, omission or fault whether active or passive of Village, of anyone acting under its direction or control, or on its behalf in connection with or incidental to the performance of this Agreement. The aforesaid indemnity and hold harmless obligations, or application of portions thereof, shall apply to the fullest extent permitted by law. The above provisions shall also be fully applicable to and include any damage I, my successors or assigns may incur due to the disconnection of electrical power or any other action the Village takes as a result of any violation of this Agreement.

_____ <b>CONTRACTOR</b>	_____ <b>DATE</b>	_____ <b>VOW AGENT</b>	_____ <b>DATE</b>
_____ <b>OWNER</b>	_____ <b>DATE</b>	_____ <b>FIRE RESCUE</b>	

**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 I.D.

**SEAL**

\_\_\_\_\_  
(Signature of person taking acknowledgment)

\_\_\_\_\_  
(Name of officer taking acknowledgment- Printed)