

City of Franklin
Critical Lot Peer-Reviewed Certification Program
Hold Harmless Letter

DATE: _____

City of Franklin
Building and Neighborhood Services Department
109 Third Avenue South
Franklin, TN 37064

Re: Project Name: _____

Project Address: _____

Builder's Name: _____

Dear Building Official:

In consideration of the issuance of a construction permit under the Peer-Reviewed Certification Program for the project address identified above, I, _____ (insert owner's name), hereby agree to protect, defend, indemnify, and hold the City of Franklin, and their officers, representatives, managers and employees harmless against any and all claims, demands, awards, suits, judgment, liabilities, losses or damages arising out of, or being in any way connected with the design, development regulations compliance review for the above referenced project.

The obligation should not be construed to negate, waive or otherwise reduce any other right or obligation of indemnity that may exist in the favor of the City of Franklin. It is further understood and agreed that if the construction of the project is contrary to, or does not meet the standards of the City of Franklin, or the permit to be issued pursuant to this Letter, I, as the Builder shall, at my own expense, remove or modify all components that do not conform.

Sincerely,

City of Franklin
Critical Lot Peer-Reviewed Certification Program
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COUNTY OF _____)

Before me, _____, a Notary Public of said County and State, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged self to be _____ (or other officer authorized to execute the instrument) the within named bargainer, a general partnership, and that _____ as such _____ executed the foregoing instrument for the purposes therein contained, by personally signing the name of the general partnership by _____ self as _____.

Witness my hand and seal, at Office in _____, Tennessee, this _____ day of _____, 20____.

Notary Public
My Commission Expires:_____