

**SEBASTIAN RIVER IMPROVEMENT DISTRICT  
P.O. BOX 690336  
VERO BEACH, FLORIDA 32969**

**NOTICE OF TRANSFER**

**( To be submitted by the property owner within thirty (30) calendar days after any transfer of ownership or property control or assigned permittee)**

**SRID PERMIT No.:** \_\_\_\_\_ **SRID Permit Issue Date:** \_\_\_\_\_  
**SRID PERMIT PROJECT NAME:** \_\_\_\_\_

**NOTE: By signing below relative to either Part 1 or Part 2 of this Notice of Transfer, the signing party (property owner) acknowledges they are the legal representative for such signature action and acknowledge they have examined the SRID permit terms, conditions, and drawings, and agree to accept all rights and obligations as permittee, including agreeing to be liable for compliance with all of the SRID permit terms and conditions, and to be liable for any corrective actions required as a result of any violations of the SRID permit after approval of this Notice of Transfer by the Permitting Agency (Sebastian River Improvement District).**

**ACTION REQUESTED: Please Mark Accordingly (X)**

**PART 1.**

**TRANSFER OF PROPERTY OWNERSHIP /CONTROL OF THE REAL PROPERTY WHERE THE SRID PERMITTED ACTIVITY IS LOCATED.**

The undersigned hereby notifies the Sebastian River Improvement District that I have acquired ownership or control of the land on which the SRID permit is applicable through the sale or legal transfer of the land. By signing below, I hereby certify that I have sufficient real property interests or control of the land in accordance with all applicable governmental requirements, regulations. *As applicable, attached is a copy of my title, easement, or other demonstration of ownership or control of the land, including any revised plats, as recorded in the Public Records.* I request the SRID permit be modified to reflect that I agree to be the new permittee.

**PART 2**

**TRANSFER OF PERMITTEE WHERE NO OWNERSHIP OR CONTROL OF THE PROPERTY GOVERNED BY THE SRID PERMIT HAS OCCURRED. (Print)**

**A. Previous Permittee Name:** \_\_\_\_\_

**Representing:** \_\_\_\_\_

**Date of Transfer:** \_\_\_\_\_

Name of Proposed Permit Holder: \_\_\_\_\_  
Title (If Any): \_\_\_\_\_

\*\* (If different from Property Owner Note name of Property Owner)

Name of Property Owner: \_\_\_\_\_  
Company Name (If any) \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Title (If Any) : \_\_\_\_\_

\*\*\*\*\*

**AS APPLICABLE-RESPONSIBLE REGISTERED PROFESSIONAL**

Name of Registered Professional who will be responsible for systems inspection and reporting as may be required for permit compliance or applicable permit modifications. **(Please refer to Letter of Authorization)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_