



Request for Permit Cancellation

(Form must be signed and notarized by owner or contractor)

Date: _____

Request to cancel permit number: _____

Reason for cancellation request:

No Work Done (plans must be at job site)

Work Removed (plans must be at job site)

Exempt from Permit

Superseded by Another Permit Other Permit Number _____

(If superseded, plans for permit being cancelled and plans for permit that is being superseded by are required with your request).

Duplicated Other Permit Number _____

Customer Name: _____ (for mailing purposes)

Customer Address: _____ City: _____

State: _____ Zip: _____

Customer Telephone Number: _____

Customer E-Mail Address: _____

Person requesting cancellation is: Property Owner Contractor

Hired Agent for: Property Owner Contractor

Customer's Signature: _____ Print Name: _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20____,

by _____

Signature of Notary Public _____

Print Name _____

(SEAL)

Personally known _____

or Produced Identification _____

- FOR OFFICE USE ONLY -

For permits that are superseded by another permit the plans have been: Received Not Required Pending

Process Number Issued: _____

Request Received by: _____ Title: _____