



## REQUEST FOR PERMIT CANCELLATION/WITHDRAWAL

Form must be signed and notarized by Property Owner and Contractor of Record. If not signed by both, proof must be submitted that the other party was notified, by email or certified letter, that a request is being submitted to cancel.

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Reason for cancellation/withdrawal request:

No Work Performed – Project Cancelled (May Require Inspection)

Superseded by another permit – Other Permit Number \_\_\_\_\_

Duplicated – Duplicate Permit Number \_\_\_\_\_

Other – State Reason: \_\_\_\_\_

Requested by:      Property Owner  Contractor

Property Owner – Phone Number \_\_\_\_\_; Email \_\_\_\_\_

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

STATE OF FLORIDA COUNTY OF MONROE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

By \_\_\_\_\_ Personally known  or Produced ID \_\_\_\_\_

Notary Public Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
(SEAL)

Contractor of Record Name of Business \_\_\_\_\_

Phone Number \_\_\_\_\_; Email \_\_\_\_\_

\_\_\_\_\_  
Printed Name/Qualifier \_\_\_\_\_ Signature/Qualifier \_\_\_\_\_

STATE OF FLORIDA COUNTY OF MONROE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

By \_\_\_\_\_ Personally known  or Produced ID \_\_\_\_\_

Notary Public Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
(SEAL)

Office Use Only: Inspection Required:  No  Yes; Inspection Results:  No Work Performed  Work Performed

Proof of Notification Required:  Received  Not Received

Cancellation Approved  Cancellation Denied – Reason \_\_\_\_\_