

Miami-Dade Department of Regulatory and Economic Resources REQUEST FOR PERMIT CANCELLATION

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

DATE	REQUEST TO CANCEL PERMIT NUMBER
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PERMIT TYPE BUILDING ZIP ROOFING MECHANICAL ELECTRICAL PLUMBING/LPGX

Reason for Cancellation Request

NO WORK DONE (*plans might be required at job site*) WORK REMOVED (*plans might be required at job site*)
 SUPERSEDED BY ANOTHER PERMIT _____ DUPLICATED PERMIT NUMBER _____
PERMIT NUMBER PERMIT NUMBER

If superseded, plans for permit being cancelled and plans for permit that is being superseded by, may be required with your request.

Person Requesting Cancellation

SELECT ONE PROPERTY OWNER CONTRACTOR

Further, under the penalty of perjury, I, being first duly sworn, depose and say that I have read the foregoing application and that the facts stated herein are accurate and true, including any boxes checked. I further acknowledge that this application and affidavit is subject to penalties of perjury, and acknowledge that Miami-Dade County reserves the right to revoke, cancel, void, or suspend, any permit issued pursuant to any application that contains any materially false or fraudulent statements, and acknowledge that continued operation of the uses after the permit is revoked, canceled, voided, or suspended, may subject me to enforcement penalties allowed by law.

NAME OF PERSON REQUESTING CANCELLATION			
MAILING ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	E-MAIL ADDRESS (<i>required</i>)		
SIGNATURE OF PERSON REQUESTING CANCELLATION	PRINT NAME		

State of Florida, County of Miami-Dade

Sworn to and subscribed before me by means of physical presence OR online notarizations

this _____ day of _____, 20____, by _____

Individual identified by personal knowledge satisfactory evidence _____

NAME OF INDIVIDUAL SWEARING OR AFFIRMING

SIGNATURE OF NOTARY PUBLIC _____

PRINT NAME _____

TYPE OF IDENTIFICATION PROVIDED _____

PRODUCED IDENTIFICATION _____

(SEAL)

FOR OFFICE USE ONLY (*to be completed by permitting staff*)

PROCESS NUMBER ISSUED	E-MAIL TO CUSTOMER SENT ON
REQUEST RECEIVED BY	TITLE

Original set of approved plans for expired/open permit(s) RECEIVED IN OFFICE ARE NOT REQUIRED WILL BE ON JOBSITE

COMMENTS