



Building Division

12340 NE 8 Avenue | North Miami | Florida | 33161 305.895.9820 Fax: 305.895.9822

Date: _____ **CANCELLATION OF PERMIT**

This is a request for a cancellation of the following permit:

Permit No.: _____ Job Address: _____

Owner's Name: _____ Job Address Folio #: _____

Owner's Address: _____ Owner's Phone Number: _____

CONTRACTOR'S INFORMATION:

Contractor's Name: _____ Contractor's Address: _____

License No.: _____ Contractor's Phone: _____

REASON FOR CANCELLATION:

- No work performed under this permit
- Other _____
- Permit superseded by another, Provide permit(s) # _____

I/we certify that the above statements are true and represent an accurate representation of the facts. Further, I/we agree to hold the City of North Miami, it's agents and authorized personnel, harmless, and relieve them from any responsibility for damages, costs or expenses, including but not limited to attorney's fees, resulting from the cancellation of the subject permit or the issuance of a new permit.

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

Before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared _____, owner/contractor of the above mentioned property who is sworn to and subscribed to before me this _____ day of _____ 20____ and who is Personally known to me or who has Produced _____ as Identification.

Owner's Signature

 or

Contractor's signature

Notary Public-State of Florida

 My commission expires: _____

Building Official: _____ Inspection required