



## PERMIT CANCELLATION REQUEST

Permit # \_\_\_\_\_

Job Address \_\_\_\_\_

### CURRENT CONTRACTOR INFORMATION

Contractor's Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

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

City & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### OWNER'S CONTRACTOR INFORMATION

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

Phone No: \_\_\_\_\_

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

City & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Reason for CANCELING PERMIT: (Please check only one)

- Work was not started. A job check may be scheduled.
- Work was completed under Permit # \_\_\_\_\_.
- Property has been demolished under Permit # \_\_\_\_\_.
- Contractor named in the permit did not do the work.
- Contractor requests to be removed from permit # \_\_\_\_\_. The owner will obtain a new contractor.

Other: (please specify) \_\_\_\_\_

I/We certify that the above information is a true and accurate representation of the facts. Further, I/We agree to hold the City of Margate, its agent and authorized personnel, harmless and relieve them from any responsibility for damages or expenses, including but not limited to attorney's fees resulting from the cancellation of this permit or the issuance of a new permit. It is your responsibility to notify all interested parties of this Cancel Letter.

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Contractor's Signature

OR

Signature of Property Owner or Agent

**State of Florida County of Broward**

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization,.

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by\_\_\_\_\_.  
\_\_\_\_\_, personally known or \_\_\_\_\_ by I.D. \_\_\_\_\_.

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Signature of Notary Public-State of Florida

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Print, Type, or Stamp Commissioned Name of Notary Public