



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.

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. _____.

Signature of Notary Public-State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public