

**Town of Miami Lakes
Building Department
Permit Cancellation Request**

Date: _____ Folio No: _____ Permit No: _____

Job Address: _____ Unit No: _____

Permit Applicant Information:		Contractor Information:	
Name:		Company Name:	
Mailing Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone No:		Phone No:	
Phone No 2:		Qualifier Name:	
Email:		License No:	

Reason for Canceling Permit: _____ Has any work commenced? Yes No

Hold Harmless: I (we) agree to hold the Town of Miami Lakes, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from the cancellation of the existing permit or the issuance of a new permit. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting cancellation. In the event there has been a change of ownership of the property, the new owner assumes the responsibility of notifying the previous owner of his or her intent to transfer the permit. The undersigned, being first duly sworn, deposes and says that he/she is legal owner of the above property

X _____
Signature of Permit Applicant
Print Name: _____
STATE OF FLORIDA, COUNTY OF MIAMI DADE
Sworn to and subscribed before me this _____
day of _____ 20____.
Personally known ___ or I.D. _____

X _____
Signature of Qualifier
Print Name: _____
STATE OF FLORIDA, COUNTY OF MIAMI DADE
Sworn to and subscribed before me this _____
day of _____ 20____.
Personally known ___ or I.D. _____

Approved for Cancellation:

Building Official