



**Miami-Dade County Building Department**  
 11805 S.W. 26 Street (Coral Way)  
 Miami, FL 33175-2474  
 Main Phone Number: 786 315-2000  
[www.miamidade.gov/building](http://www.miamidade.gov/building)

**Request for Permit Cancellation**

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

Date: \_\_\_\_\_

Request to cancel permit number: \_\_\_\_\_

Reason for cancellation request:

No Work Done (plans must be at job site)

Work Removed (plans must be at job site)

Exempt from Permit

Superseded by Another Permit Other Permit Number \_\_\_\_\_

(If superseded, plans for permit being cancelled and plans for permit that is being superseded by are required with your request).

Duplicated Other Permit Number \_\_\_\_\_

Customer Name: \_\_\_\_\_ (for mailing purposes)

Customer Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Customer Telephone Number: \_\_\_\_\_

Customer E-Mail Address: \_\_\_\_\_

Person requesting cancellation is:  Property Owner  Contractor

Hired Agent for:  Property Owner  Contractor

Customer's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Print Name \_\_\_\_\_

(SEAL)

Personally known \_\_\_\_\_

or Produced Identification \_\_\_\_\_

**- FOR OFFICE USE ONLY -**

For permits that are superseded by another permit the plans have been:  Received  Not Required  Pending

Process Number Issued: \_\_\_\_\_

Request Received by: \_\_\_\_\_ Title: \_\_\_\_\_