



Regulatory and Economic Resources

Trade Inspectors Section
11805 SW 26th Street, Room 137
Miami, Florida 33175-2474
T 786-315-2000
rerpercan@miamidade.gov

Request for Permit Cancellation

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

DATE _____

REQUEST TO CANCEL PERMIT NUMBER _____

Permit Type: Building Roofing Mechanical Electrical Plumbing/LPGX

Reason for cancellation request:

No Work Done (plans must be at job site)

Work Removed (plans must be at job site)

Superseded by Another Permit _____
PERMIT NUMBER

Duplicated Permit Number _____
PERMIT NUMBER

(If superseded, plans for permit being cancelled and plans for permit that is being superseded by are required with your request).

Person requesting cancellation is

Property Owner

Contractor

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS (required) _____

SIGNATURE _____

(PRINT NAME) _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me by means of

physical presence OR online notarizations

this _____ day of _____, 20____,

by _____

Signature of Notary Public _____

(SEAL)

Print Name _____

Personally known _____

or Produced Identification _____

Type of Identification Produced _____

-FOR OFFICE USE ONLY-

For permits that are superseded by another permit the plans have been: Received Not Required Pending

PROCESS NUMBER ISSUED _____

E-MAIL TO CUSTOMER SENT ON _____

REQUEST RECEIVED BY _____

TITLE _____

COMMENTS: _____
