Regulatory and Economic Resources
Trade Inspectors Section
11801 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 _____

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❑ Superseded by Another Permit_____ PERMIT NUMBER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(If superseded, plans for permit being cancelled and plans for permit that is being superseded by are required with your request).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 _____

Print Name _____

Personally known_____

or Produced Identification_____

Type of Identification Produced _____

(SEAL)

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For permits that are superseded by another permit the plans have been: ❑ Received ❑ Not Required ❑ Pending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