



Building & Zoning Department  
7777 NW 72 Avenue  
Medley Florida 33166  
Tel: 305-887-6913  
building@townofmedley.com

## Permit Cancellation Request

Date:	Permit/Process Number:
Contractor Name:	Contact Name:
Job	Address: Apartment/Unit Number:
Telephone Number:	E-Mail Address:

A Permit Cancellation Request may be submitted if no work has taken place. If work has taken place, a Change of Contractor request must be submitted.

**WARNING:** If the work has taken place and the permit is cancelled, you will be in violation of [Section 109.4 of the Florida Building Code \(6th Edition, 2017\)](#), *failure to obtain a permit* and will be subject to a penalty of 100 percent of the usual permit fee in addition to the required permit fees.

Reason for cancelling Permit/Process Number:

**Owner**

Print Owner's Name \_\_\_\_\_

Owner's Signature \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_

Personally

Produced Identification – Type of Identification \_\_\_\_\_

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

(SEAL)

**Contractor**

Print Qualifier's Name \_\_\_\_\_

Qualifier's Signature \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_

Personally

Produced Identification – Type of Identification \_\_\_\_\_

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

(SEAL)

### Office Use Only

Date Received:

Permit Cancelled:  Yes  No

