



Clerk: _____

Permit #: _____

BUILDING DEPARTMENT**PERMIT CANCELLATION REQUEST****Instructions:**

1. Complete this Permit Cancellation Request which must be signed by the applicant/owner AND qualifier. Signatures **MUST** be notarized. Please print clearly or type.
2. **Printed documents, permit cards or inspection cards will be considered VOID upon approval of this document and should be destroyed.**
3. **Apply via EMAIL to receiving clerk. See Personnel Directory at www.cityofdoral.com/building.**
4. **Meeting with Building Official required if VIOLATIONS exist on property.**

Date: _____ Folio No. _____ Permit No. _____

Job Address: _____ Unit No. _____

Owner/Tenant Information (Applicant)		Contractor (Qualifier) Information	
Name:		Company Name:	
Mailing Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone No.:		Qualifier Name:	
Email:		License No.:	Phone No.:

Reason for Cancelling Permit: _____ Has work commenced?: _____ Yes _____ No

Hold Harmless: I (We) agree to hold The City of Doral, 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 the legal owner of the above property.

X
Signature of **Owner/Tenant (Applicant)**
by (Print Name): _____
STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this ____ day of _____ 20__,

Notary Name _____
Personally known ☐ or I.D. _____

X
Signature of **Contractor (Qualifier)**
by (Print Name): _____
STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this ____ day of _____ 20__,

Approved for Cancellation:

Notary Name _____
Personally known ☐ or I.D. _____

Chief Building Official

Date

2023 BD_Permit Cancellation Request

01/23