



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__

Notary Name _____

Personally known or I.D. _____

Approved for Cancellation:

Chief Building Official

Date