



Clerk: _____

Permit No. _____

BUILDING DEPARTMENT

PROCESS NUMBER CANCELLATION REQUEST

Instructions:

1. Complete this Process number Cancellation Request form which must be signed by the permit applicant and or qualifier. The signatures must be notarized. Please print clearly or type the information.
2. Submit this completed form and turn in the original Job Copy plans, permit card and all other documents.

Date: _____ Folio No. _____ Permit No. _____

Job Address: _____ Unit No. _____

Permit Applicant Information	Contractor Information
Name:	Company Name:
Mailing Address:	Address:
City:	City:
State: Zip:	State: Zip:
Phone No.:	Qualifier Name:
Email:	License No.: Phone No.:

Reason for Canceling Process: _____ Has any 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 Permit Applicant
 Print Name: _____
 STATE OF FLORIDA, COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this ____ day of _____ 20__
 by _____ (SEAL)
 Personally known or I.D. _____

 X
 Signature of Qualifier
 Print Name: _____
 STATE OF FLORIDA, COUNTY OF MIAMI-DADE
 Sworn to and subscribed before me this ____ day of _____ 20__
 by _____ (SEAL)
 Personally known or I.D. _____

Approved for Cancellation:

Chief Building Official