Clerk: _____

Permit #:_____

BD-14 10/25

PAYMENT (Admin Use Only)
☐ Received
Invoice #: _____
Open Trades:
BD ☐ EL ☐ ME ☐ PL ☐
Total Fee: $ _____
Date Fee Processed: _____
Inspection Required (Y/N): _____

BUILDING DEPARTMENT PERMIT OR PROCESS CANCELLATION REQUEST

Instructions:

1. Complete this Cancellation Request completely. Permit Cancellations must be signed by BOTH the applicant/owner AND qualifier. Signatures MUST be notarized. Please print clearly or type. Process Cancellations may be submitted with Owner/Tenant signature only.
2. **Printed documents, permit cards or inspection cards will be considered VOID upon approval of this document and should be destroyed.**
3. **Submit via EMAIL to BDCancel@cityofdoral.com.**
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.:	Qualilfier Name:
Email:	License No.: Phone No.:

Reason for Cancelling Permit:

Has work commenced?* ____ **Yes** ____ **No**

***If work has commenced, the permit cannot be cancelled. Permit must be revised to show completed work and remove all work not completed. Note: If work does not meet minimum standards of the Florida Building Code, existing Certificates of Occupancy or Use may be revoked.**

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. _____

Inspection Approved for Cancellation:

_____
Inspector Date

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__,

_____
Building Official **Date**

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