

Building Division

VOID PERMIT / CANCELLATION OF APPLICATION REQUEST

Date:			
Permit No:			
Address of Project:			
License Holder:			
License Number:			
Company Name:			
"I,License Holder Name	;	,License Nun	, hereby state
that no construction or related work has been performed under Permit Number			
, and therefore			
License Holder Printed Name		License Holder Signature	
This document must be signed	l by the License Ho	lder – No Powe	r of Attorney forms accepted
STATE OF FLORIDA)		
COUNTY OF)		
Sworn to and subscribed before			
notarization, this day of			
(name of person acknowledging), who is [] personally known to me; or [] has producedas identification.			

Signature of Notary Public (Seal)