



Building Division
75 N 7th Street, P.O. Box 129
Eagle Lake, FL 33839
PH: 863-293-4141

Request for Permit Cancellation

(Form must be signed and notarized by permit holder/authorizer)

Date: _____

Request to cancel permit number: _____

Job-site Address: _____

Person requesting cancellation is: ___ Property Owner ___ Contractor ___ Other: _____

Reason for cancellation request:

___ Work was Cancelled

___ Contractor Refuses to Cancel Permit

___ Superseded by Another Permit

Other Permit Number: _____

___ Duplicated

Other Permit Number: _____

___ Other: Please describe. _____

Request for Refund: ___ Yes ___ No

(Please keep in mind, refunds vary depending on project. State surcharges are non-refundable.)

Permit Holder/Authorizer: _____ License #: _____

Company Name: _____ E-Mail Address: _____

Permit Holder/Authorizer Signature: _____

State of Florida

County of _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or on-line notarization,
this ____ day of _____, 20____, by _____.

Seal:

Signature of Notary Public

Printed Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: _____