



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☐ Superseded by Another Permit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: _____