



Master Permit No. \_\_\_\_\_

Subsidiary Permit No. \_\_\_\_\_

VILLAGE OF PINECREST  
Building & Planning Department

## CANCELLATION OF PERMIT

### INSTRUCTIONS:

**Step 1.** Complete the cancellation of permit form which must be signed by the property owner or contractor. The signature must be notarized. Please print or type to allow for a more accurate processing. **NOTE: THE PERMIT MAY NOT BE CANCELLED IF WORK HAS COMMENCED OR INSPECTIONS HAVE BEEN PERFORMED.**

**Step 2.** Submit the completed forms with all necessary documents to the Building and Planning Department for processing.

### PROPERTY INFORMATION:

Job Address: \_\_\_\_\_  
Address Apt. City State Zip

Folio Number \_\_\_\_\_

<u>PROPERTY OWNER:</u>	<u>CONTRACTOR:</u>
Name:	Company Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

### REASON FOR CANCELLING PERMIT:

Note: No cancellation permitted for any work that has started or where inspections have occurred

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### HOLD HARMLESS

I agree to hold the Village of Pinecrest, its agents and authorized personnel, harmless, and relieve them from any responsibility for damages, costs or expenses, including attorney's fees, resulting from the cancellation of the existing permit or issuance of a new permit.

\_\_\_\_\_  
Signature of Owner

Print Name: \_\_\_\_\_

Personally known \_\_\_\_\_ or, Produced Identification \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF MIAMI-DADE  
Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC – STATE OF FLORIDA

\_\_\_\_\_  
Signature of Contractor

Print Name: \_\_\_\_\_

Personally known \_\_\_\_\_ or, Produced Identification \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF MIAMI-DADE  
Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC – STATE OF FLORIDA

Revised 2/2/2015