



**PERMIT / APPLICATION CANCELLATION FORM**

Job Address: \_\_\_\_\_  
Address
Apt/Unit
City
State
Zip

Permit: \_\_\_\_\_ Folio: 10- \_\_\_\_\_ Description of Work: \_\_\_\_\_

Property Owner			
Name:			
Address			
Telephone		Fax:	
Email:			

Contractor			
Name:			
License No.			
Address			
Telephone		Fax:	
Email:			

**REASON FOR CANCELLING PERMIT: NO cancellation permitted for any work that has started or where inspections have occurred**


**HOLD HARMLESS**

I agree to hold the City of Homestead, 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.

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

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

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

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

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

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public – State of Florida  
SEAL:

\_\_\_\_\_  
Signature of Notary Public – State of Florida  
SEAL:

Personally known OR, Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

Personally known OR, Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_

**OFFICIAL USE ONLY**

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by: _____
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Comments: \_\_\_\_\_