



Building Division
306 NE 6th AVE, BLDG B
PH: 352-334-5050
FAX: 352-334-2207

E-MAIL: bldg@cityofgainesville.org

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

Reason for cancellation request:

Work was Cancelled

Contractor Refuses to Cancel Permit

Exempt from 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Superseded by Another Permit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 ALACHUA

Sworn to and subscribed before me this ____ day of _____, 20____, by _____.

(SEAL)

Personally known _____ or Produced Identification _____

Signature of Notary Public _____

Print Name _____