



**PERMIT CANCELLATION REQUEST FORM**

DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

PROPERTY OWNER PHONE NUMBER: \_\_\_\_\_

MASTER CONTRACTOR NAME: \_\_\_\_\_

QUALIFIER OF MASTER CONTRACTOR: \_\_\_\_\_

MASTER CONTRACTOR ADDRESS: \_\_\_\_\_

MASTER CONTRACTOR PHONE NUMBER: \_\_\_\_\_

SUB – CONTRACTOR NAME: \_\_\_\_\_

QUALIFIER OF SUB – CONTRACTOR: \_\_\_\_\_

SUB – CONTRACTOR ADDRESS: \_\_\_\_\_

SUB – CONTRACTOR PHONE NUMBER: \_\_\_\_\_

REASON(S) FOR CANCELLATION OF PERMIT: \_\_\_\_\_

\_\_\_\_\_

**HOLD HARMLESS ACKNOWLEDGEMENT**

*I certify that no work or installation has commenced. I agree to hold the City of Oakland Park harmless and relieve it from any responsibility or liability for any legal action or damage resulting from the cancellation of the permit I am aware of, acknowledging, and have no objection to the cancellation of the permit.*

**SIGNATURES**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Qualifier of Master Contractor

\_\_\_\_\_  
Qualifier of Sub Contractor

PRINT NAME: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Notary as to the above owner

\_\_\_\_\_  
Notary as to the above owner

\_\_\_\_\_  
Notary as to the above owner

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
Notary Seal



*Below to be completed by the City of Oakland Park*

## **PERMIT CANCELLATION INSPECTION**

PERMIT CANCELLATION INSPECTOR: \_\_\_\_\_

INSPECTOR'S SIGNATURE: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

CIRCLE DISCIPLINE: ELECTRICAL MECHANICAL PLUMBING STRUCTURAL OTHER: \_\_\_\_\_



**APPROVED TO BE CANCELLED**



**NOT APPROVED TO BE CANCELLED**

CANCELLATION INSPECTION NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PERMIT CANCELLATION CONFIRMATION/ CANCELLATION DENIAL**

Cancellation Confirmations / Cancellation Denials Sent

PLEASE CIRCLE:      PROPERTY OWNER      MASTER CONTRACTOR      SUB-CONTRACTOR

PERMIT CANCELLATION DATE: \_\_\_\_\_      TECHNICIAN INITIAL: \_\_\_\_\_

CANCELLATION CONFIRMATION / DENIAL NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_