



VOID PERMIT / CANCELLATION OF APPLICATION REQUEST

Date:				
Permit No:				
Address of Project:				
License Holder:				
License Number:				
Company Name:				
"I, License Holder	Name	, License Numbe	, hereby state	
that no construction or re	elated work l	nas been performed u	nder Permit Number	
, and ther	efore, reque	est that this permit be	voided."	
License Holder Printed Name		Licen	License Holder Signature	
*This document must be sig	gned by the Lic	cense Holder – No Power	of Attorney forms accepted	
STATE OF FLORIDA)			
COUNTY OF)			
Sworn to and subscribed bef	ore me by me	ans of [] physical prese	nce or [] online	
notarization, this day	of	, 20, by		
(name of person acknowledg	ging), who is [] personally known to me		
		Signature of Notary Po	ublic (Seal)	