

CANCELLATION FORM

Permit No. _____ Parcel/Tax Folio No. _____

PERMIT DESCRIPTION:

FORM COMPLETED BY: Owner-Builder Qualifier

CONTACT INFORMATION:

Name: _____ Phone: _____

Email Address: _____

PROPERTY INFORMATION:

Property Address: _____

STATUS OF WORK:

Has work commenced? Yes No

REASON FOR CANCELLATION: _____

(Signature)

(Printed Name)

NOTARY

State of FLORIDA
County of COLLIER

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____
(name of person) as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____ (name
of party on behalf of whom instrument was executed).

(Signature of Notary Public - State of Florida)

Seal

(Print, Type, or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

OFFICE USE ONLY

Cancellation granted: Yes No

Date: _____

Reason for denial: _____

Staff Initials: _____