



Permit Cancellation/Void Request

(Only the Property Owner or Contractor of Record may request a permit to be cancelled)

This form must be submitted in person or via fax to (239) 574-0590.

Permits beginning with WEB may email this form to permits@capecoral.net

This is a request to cancel Permit Number: _____ Address: _____

CURRENT CONTRACTOR INFORMATION	OWNER'S INFORMATION
Contractor's Name:	Owner's Name:
Phone Number:	Phone Number:
Address:	Address:
City & Zip:	City & Zip:

Reason for cancelling permit:

- Work was not done. (A site check may be scheduled.)
- Work was completed under Permit# _____

I/We certify that the above information is a true and accurate representation of the facts. Further, I/We agree to hold the City of Cape Coral, its agent and authorized personnel, harmless and relieve them from any responsibility for damages or expenses, including but not limited to attorney's fees resulting from the cancellation of this permit or the issuance of a new permit. It is the undersigned's responsibility to notify all interested parties of this permit cancellation.

Name (please print/type)

Signature

(SIGNATURE MUST BE NOTARIZED)

STATE OF _____, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20__, by _____ who is personally known or produced _____ as identification.

Exp. Date: _____ Commission Number: _____

Signature of Notary Public: _____

Printed name of Notary Public: _____

Refund Policy:

Request to void/cancel within 30 days of application date (date permit applied for):

- Refund permit fees minus deposit

Request to void/cancel 31-90 days of application date (date permit applied for):

- Credit permit fees toward new permit. (minus deposit) MUST be used within 90 days of application date or credit is voided (91st day credit is null and void)