



City of Hialeah

Building Division

501 Palm Avenue, 2nd Floor

Hialeah, Florida 33010

PH: 305.883.5825

www.hialeahfl.gov

Permit Cancellation Request

Date: _____

Permit No.: _____ Folio: _____

Job Address: _____ Unit No. _____

I (We) certify that the above statements are true and represent an accurate account of the facts. Furthermore, agree to hold the City of Hialeah, Building Official, and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from the cancellation of the subject permit or the issuance of a new one. Also, assume responsibility for the correction, if required, of work performed under this permit for which I am requesting cancellation. In the event there has been a change of ownership of the property, the new owner assumes the responsibility of notifying the previous owner of his or her intent to transfer the permit.

Reason for Cancellation: _____

Has any work commenced? Yes No

Owner Information

Name: _____ Signature: _____ Phone: _____

Address: _____ E-Mail: _____

State of Florida, Miami-Dade County Sworn to and subscribed before me this ____ day of _____,

by _____ Personally known or produced identification _____

Notary Signature: _____

Seal:

Contractor Information

Name: _____ Signature: _____ Phone: _____

Address: _____ E-Mail: _____

Company Name: _____ Qualifier Name: _____

State of Florida, Miami-Dade County Sworn to and subscribed before me this ____ day of _____,

by _____ Personally known or produced identification _____

Notary Signature: _____

Seal:

Approved: _____
Alexis Riveron, Building Official

Date: _____

Approved: _____
Luis Moreno, Assistant Building Official

Date: _____