



CITY OF HALLANDALE BEACH

BUILDING INSPECTIONS DIVISION

400 South Federal Highway

Hallandale Beach, FL 33009

Office 954-457-3023 ● Fax 954-457-1312

PERMIT CANCELLATION REQUEST

(Only the Owner or Permit Holder may request a permit to be cancelled.)

This form may be submitted to the City of Hallandale Beach, Building Inspections Division in Person, Via Fax to (954) 457-1343 or Emailed to edleonhardt@cohb.org

This is a request to cancel the following permit:

Permit Number:

Job Address:

Current Contractor Information		Owner's Information	
Name:		Name:	
Phone No:		Phone No:	
Address:		Address:	
City:		City:	
State & Zip:		State & Zip:	

Reason for CANCELLING PERMIT: (check one)

- Work was not started. (A job status verification will be scheduled.)
- Work was completed under Permit#. _____
- Property has been demolished under Permit #. _____
- Other: (please specify): _____

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 Hallandale Beach, its agents 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 your responsibility to notify all interested parties of this Cancel Letter.

Signature _____ or _____ Contractor's
Owner or Agent Signature

State of **Florida** – County of **Broward**

Before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared _____, the Owner or Agent of the above property or the contractor of record who is sworn and subscribed to before me on this _____ day of _____, 20_____, who is personally known to me or who produced _____ as identification.

Notary Signature
(Print, Type & Stamp Commissioned Name of Notary Public)

Building Division Office/Field verification: result: _____ Date: _____