



City of Miami
BUILDING DEPARTMENT

REVOCATION OF PERMIT

(Only the Owner or Contractor may request revocation of the permit)

This is a request for revocation of the following permit:

Permit Number: _____ Job Address: _____

CURRENT OWNER / CONTRACTOR'S AFFIDAVIT

OWNER'S INFORMATION:

CONTRACTOR'S INFORMATION:

Name: _____
Phone: _____
Address: _____
City & Zip Code: _____

Name: _____
Phone: _____
Address: _____
City & Zip Code: _____

REASON FOR REVOCATION:

I / We certify that the information given above is a true and accurate representation of facts. Further, I / We agree to hold the City of Miami, its agents and authorized personnel harmless, and relieve them from any responsibility for damages, costs or expenses, including but not limited to attorney's fees resulting from the cancellation of this permit or issuance of a new permit.

Owner's Signature or Contractor's Signature

Owner's Name (print) or Contractor's Name (print) & License Number

State of Florida)
County of Miami-Dade)

SWORN AND SUBSCRIBED before me by _____, being personally known to me ()
or having produced as identification _____, and who being fully sworn and
cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Print Name Date

Notary Public: NOTARY PUBLIC STAMP BELOW My Commission Expires: _____