



**Growth Management Department
Building Inspections**
City Hall Annex 105 Miracle Strip Parkway SW
Fort Walton Beach, FL 32548

(850)833-9605

Cancellation of Permit

Date: _____

Building Permit No: _____ Job Address: _____

Property Owner/Contractor (*Permit Holder*): _____

Phone : _____ Mobile: _____ Email: _____

License No.: _____ Request type: Cancellation _____ Refund request _____

I _____, would like to cancel permit number _____ for the following reason: _____. I understand that if work under the permit has commenced, I am not eligible to receive any refund. I also understand that I am not able to receive a refund for services already rendered, such as plan review or administrative fees. Further, I agree that only the original applicant can request a refund of fees.

Signature of Owner or Contractor

Owner or Contractor's Name (Print or Type)

STATE OF FLORIDA

COUNTY OF _____

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

Type of ID Produced _____ .

NOTARY'S SIGNATURE as to Owner or Agent's Signature

(Notary's Stamp)