

**CITY OF HOMESTEAD
DEVELOPMENT SERVICES**

PERMITTING HOURS
ARE BETWEEN
8:00 A.M. - 12:00 P.M.
MONDAY – FRIDAY



100 CIVIC COURT
HOMESTEAD FLORIDA 33030
T.305.224.4500 F.305.224.4539
WWW.CITYOFHOMESTEAD.COM

PERMIT / APPLICATION CANCELLATION FORM

Job Address: _____
Address Apt/Unit City State Zip

Permit: _____ Folio:10- _____ Description of Work: _____

Property Owner			
Name:			
Address			
Telephone		Fax:	
Email:			

Contractor			
Name:			
License No.			
Address			
Telephone		Fax:	
Email:			

REASON FOR CANCELLING PERMIT: NO cancellation permitted for any work that has started or where inspections have occurred

HOLD HARMLESS

I agree to hold the City of Homestead, its agents and authorized personnel, harmless, and relieve them from any responsibility for damages, costs, or expenses, including attorney's fees, resulting from the cancellation of the existing permit or issuance of a new permit.

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Signature of Owner

Signature of Contractor

Print Name
Sworn to and subscribed before me this _____
day of _____ 20____

Print Name
Sworn to and subscribed before me this _____
day of _____ 20____

Signature of Notary Public – State of Florida
SEAL:

Signature of Notary Public – State of Florida
SEAL:

Personally known OR, Produced Identification _____
Type of Identification Produced: _____

Personally known OR, Produced Identification _____
Type of Identification Produced: _____

OFFICIAL USE ONLY

Approved: Yes No

Approved by: _____

Comments: _____