



City of Opa-locka

Building Division

780 Fisherman St.

Opa-locka, Florida 33054

PH: 305-953-2868

www.opalockafl.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 Opa-locka, 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: _____

Esin D. Abia, Building Official

Date: _____