



# City of Opa-locka

## Building Division

780 Fisherman St.

Opa-locka, Florida 33054

PH: 305-953-2868

[www.opalockafl.gov](http://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: \_\_\_\_\_