



# CITY OF BELLEVUE

City with Small Town Charm

[www.bellevuefl.org](http://www.bellevuefl.org)

## Development Services

5525 SE 119<sup>th</sup> St.

Belleview, FL 34420

Office: 352-245-7021

Email: DSStaff@bellevuefl.org

## CANCELLATION OF PERMIT

This is a request for a cancellation of the following permit:

Permit Number: \_\_\_\_\_

Job Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

### CONTRACTOR'S INFORMATION

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

License Number: \_\_\_\_\_

Contractor's Phone Number: \_\_\_\_\_

**REASON FOR CANCELLATION:** \_\_\_\_\_

I/we certify that the above statements are true and represent an accurate representation of the facts. Further, I/we agree to hold the City of Belleview, 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 the subject permit or the issuance of a new permit.

\_\_\_\_\_  
Owner's Signature and/or \_\_\_\_\_  
Qualifier's Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

Notary Seal

Building Official: \_\_\_\_\_