



CITY OF BELLEVIEW
"City with Small Town Charm"
 DEVELOPMENT SERVICES DEPARTMENT
 5525 SE 119th St., Belleview, Florida 34420
www.belleviewfl.org Email: DSStaff@belleviewfl.org
 Telephone: (352) 245-7021 Fax: (352) 307-7708

Project #: _____
Received by: _____
Application Date: _____
Fees Rec'd: _____

CANCELLATION OF PERMIT

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

Permit Number: _____

Job Address: _____

Owner's Name: _____ Owner's Address: _____

Owner's Phone Number: _____

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: _____