



Community Development Department Building Construction Services

18400 Murdock Circle | Port Charlotte FL 33948
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Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
OnlinePermitting@CharlotteCountyFL.gov
www.charlottecountyfl.com
"Delivering Exceptional Service"

For Office Use Only

Permit Application Number _____

20 _____

Application Date _____

CSS Initials _____

Permit Cancellation Request Form

(Form must be signed by the owner builder/license holder and notarized)

Contractor Information

Company Name _____

Address _____

Phone Number _____

Owner Information

Owner's Name _____

Address _____ Lot/Unit # _____

Phone Number _____

Permit Number- _____

Job Site Address- _____ Lot/Unit # _____

Reason For Cancellation- _____

By completing this form, I attest that no work was completed under this permit. There is no fee to cancel a permit. There are no refunds provided for cancelled permits. Agents of the contractor are not permitted to sign on behalf of the license holder.

License Holder/Owner Builder Signature

Printed Name

State of _____, County of _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, on this _____ day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Notary Seal

Signature of notary _____

Printed Name _____