CITY OF
MARATHON, FLORIDA
Building Department

Cancellation of Permit Application

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

Project Number _____ RE # _____

Project Address _____

Owner's Information:

Owner's Name _____

Owner's Phone No _____ Alt Phone _____

Contractor's Information:

Contractor's Name _____

License Number _____ Contractor's Phone _____

REASON FOR CANCELLATION: No work performed under this permit

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 Marathon, 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 insurance of a new permit.

_____ _____ _____

Owner's Signature Owner's Printed Name Date

NOTARY STATE OF _____

COUNTY OF _____

Before me, this ____ day of _____, 20_____, personally appeard _____
Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.

☐ Personally Known or ☐ Produced ID: _____

_____ _____

Signature of Notary Public – State of _____ My Commission Expires:

_____ _____ _____

Contractor's Signature Contractor's Printed Name Date

NOTARY STATE OF _____

COUNTY OF _____

Before me, this ____ day of _____, 20_____, personally appeard _____
Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.

☐ Personally Known or ☐ Produced ID: _____

_____ _____

Signature of Notary Public – State of _____ My Commission Expires:

_____

Building Inspector or Building Official