



Notice to Building Official-Cancellation of PP

**For the cancellation of Private
Provider**

Project Number: _____ Date: _____

Property Owner's Name: _____

Address: _____

RE#: _____

Contractor: _____

Services to be provided : Inspections only Plans Review Only Both

Note: If the notice applies to either private plan review and/or private inspection services the Building Official may require, at this discretion, the Private Provider to be used for bother services.

I, _____, the fee owner of the property referenced above, hereby affirm that I had previously entered into a contract with the Private Provider firm identified below, to conduct the services indicated above. However I am requesting a cancellation of contract, at this time. I am hereby canceling the contract with the Private Provider below.

Private Provider Firm: _____

Private Provider (Qualifier for the Firm): _____

Florida License or Registration Number: _____

Address: _____

Phone: _____ Alt Phone: _____ Email: _____

Private Provider/Inspector Name (Please Print)

Private Provider Signature

Date

NOTARY STATE OF _____

COUNTY OF _____

Before me, this ____ day of _____, 20____, personally appeared _____
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:

CANCELLATION OF PRIVATE PROVIDER FORM

Date: _____

Permit #: _____

Property address: _____, Marathon, Fl. 33050

Property Owner: _____

General Contractor: _____

I (PRINT) _____, am requesting the removal and cancellation of services from the above mentioned, Private Provider for inspection services. No services have been rendered at the time of this request.

Owner's Name (Please Print)

Ownership Type:
Individual, LLC, or Corp.

Owner's Signature

Date

NOTARY STATE OF _____

COUNTY OF _____

Before me, this ____ day of _____, 20____, personally appeared _____
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:

City of Marathon Building Department

9805 Overseas Highway, Marathon, FL 33050

Phone (305) 743-0033 | www.ci.marathon.fl.us/government/building/