



City of Port St. Lucie Building Department
 121 SW Port St. Lucie Blvd
 Port St. Lucie, FL 34984
 772-871-5132

Cancel Permit

Permit Cancellation Request (Use this form only if work has not started)

Company Name _____

Company Address _____

Qualifier _____ License # _____

Phone number _____

Email _____ @ _____

Project Address _____

Permit Number _____ Permit Type _____

Property Owner's Name _____

As qualifier for the above referenced company, I am requesting that the referenced permit be cancelled.

I certify by my signature that neither I, nor my company has performed any work on this permit and that the property owner has knowledge of this request.

I understand that plan review fees are not refundable and all permit fee refunds are subject to an administrative charge.

I understand that refunds can take up to four weeks for processing.

 Signature of Contractor Date **OR** Signature of Property Owner (if Owner Builder) Date

Notary
 As to Contractor: _____ Notary
 as to Owner or Agent: _____

Sworn before me on this _____ day of _____, 20____
 Personally known _____ Produced ID _____ Type of ID _____
 State of: _____ County of: _____