



**City of Coral Gables  
Building & Zoning Department  
CANCELLATION OF PERMIT  
OR  
REFUND REQUEST**

**ATTENTION:** Only the *permit holder* may request a cancellation of a permit.  
Only the *payee* can request a refund.

I am hereby requesting the cancellation (\_\_\_\_\_) and/or refund (\_\_\_\_\_) of:

Permit No.: \_\_\_\_\_

Job address: \_\_\_\_\_

Permit holder name: \_\_\_\_\_

Payee's name (must provide proof of payment): \_\_\_\_\_

Payee's mailing address: \_\_\_\_\_

Reason for cancellation and/or refund: \_\_\_\_\_

I agree to hold the City of Coral Gables, its agents and authorized personnel, harmless and relieve them from any responsibility for damages, costs or expenses, including attorney's fees, resulting from the cancellation and/or refund request of the existing permit, issuance of a new permit, cancellation of plans or of a permit application.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )

The person whose signature appears above, deposes and says that he/she is the permit holder and/or payee on the above permit.

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

My Commission expires:

\_\_\_\_\_  
Notary Public Signature  
State of Florida