



Clay County Building Department  
477 Houston Street 3<sup>rd</sup> Floor  
P.O. Box 1366  
Green Cove Springs, FL 32043  
Phone: 904-284-6307 Option 4

# Request for Permit Cancellation

Please submit this form via email or upload into the permitting portal. Email: [permits@claycountygov.com](mailto:permits@claycountygov.com)

**Permit #:** \_\_\_\_\_

Property Address:

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ License: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Scope of Work:

\_\_\_\_\_

\_\_\_\_\_

Justifiable Reason for Cancellation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Permit cancellation is only available on permits where the work has not commenced. Request must be signed by the Contractor or Owner and must be notarized. By signing below, the Contractor and Owner acknowledges that work has not commenced on the above permit. The Building Official will be notified of the cancellation request and may follow up with both the Contractor and/or Property Owner.*

\_\_\_\_\_

Signature of Qualifier/Permit Holder

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

Personally known \_\_\_\_\_ or produced identification.

Type of identification produced \_\_\_\_\_ and number: \_\_\_\_\_

\_\_\_\_\_

Signature of Notary

\_\_\_\_\_

Date

SEAL