



**City of Coral Gables  
Development Services Department**

**CANCELLATION OF PERMIT  
OR  
REFUND REQUEST**

**ATTENTION:** Only the *permit holder or property owner* 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 or property owner name: \_\_\_\_\_

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

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.

Signature \_\_\_\_\_

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

STATE OF FLORIDA            )

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COUNTY OF MIAMI-DADE    )

Sworn to or affirmed and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_  
by \_\_\_\_\_ who has taken an  
oath and is personally known to me or has produced  
\_\_\_\_\_ as identification.

My Commission Expires:

\_\_\_\_\_  
Notary Public