



City of Port St. Lucie Building Department  
 121 SW Port St. Lucie Blvd  
 Port St. Lucie, Fl. 34984  
 772-871-5132 ♦ Website: [www.cityofpsl.com/building](http://www.cityofpsl.com/building)

Permit  
 Cancellation  
 Request

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

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Reason for cancellation request:**

- No work done (plans must be at jobsite)       Work removed (plans must be at jobsite)  
 Superseded by another permit \_\_\_\_\_       Duplicated permit number \_\_\_\_\_

Person requesting cancellation is:

- Property owner       Owner's authorized agent

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Mailing address      City      State      Zip

\_\_\_\_\_  
 Phone number      Email (required)

*I, \_\_\_\_\_, as the owner/owner's authorized agent of the above referenced permit am requesting that the permit be cancelled. I certify that I have not performed any work on this permit. I assume full responsibility for the cancellation of this permit and hold the City of Port St. Lucie, its officers, agents, and employees, including but not limited to Building Official(s), harmless and without any liability for such cancellation. I understand that plan review fees are not refundable, and all permit fee refunds are subject to an administrative charge, per Article VII Sec. 150.701 of the City Code of Ordinance.*

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

State of Florida  
 County of St. Lucie

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by, \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

Notary Public, State of Florida \_\_\_\_\_ [NOTARIAL SEAL]

**FOR OFFICE USE ONLY: Refund amount approved** \_\_\_\_\_