CP



CITY OF WESTLAKE

Building Department 4001 Seminole Pratt Whitney Road Westlake, Florida 33470

Phone: (561) 530-5880 www.westlakegov.com

REQUEST TO CANCEL PERMIT

Permit #	Permit Issue Date	
Scope of Work		
Job Site Address		
Owner Name		
Contractor	Qualifier Signature	
Reason for Cancellation		
I am the (check one):	Today's Date	
☐ Owner☐ Contractor/Qualifier		
The undersigned agrees that no work was performed und	er the permit referenced herei	n.
The foregoing instrument was acknowledged before me thi	is day of	, 20
by(QUALIFER OR OWNER)		
who is		
personally known to me		
OR produced Identification (type of identification:)
	(1	Notary Seal)
(Signature of Notary Public)		
Department use only:		
Code Compliance Verification	Γ	Date