



04



**City of Coral Gables Development
Services Department**
 427 Biltmore Way
 Coral Gables, FL 33134
 305-460-5245
 developmentservices@coralgables.com

Permit Cancellation/Refund Request

Date:	Permit/Process Number:
Property Address: Folio:	
Telephone Number:	E-mail Address:
Reason for Cancellation and/or Refund:	Requested Refund Amount: \$

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.

Property Owner Signature:	Date
---------------------------	------

STATE OF FLORIDA)
 ss
 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: _____

Office Use Only		
Date Received:	Received Name (Print):	
Refund Request Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>	Approval/Denial Date	Amount of Refund \$
Date of Review by Building Official:	Building Official Approval Signature :	
Reason for Denial:		