



Building Division
PO Box 490, Station 9
Gainesville, FL 32627
Ph: 352-334-5050

Email: building@gainesvillefl.gov

Cancellation/Refund Request Form

(Form must be signed and notarized by permit holder/authorizer)

Date: _____

Application number: _____

Site Address: _____

Is this a cancellation request? ☐ Yes or ☐ No

Is this a refund request? ☐ Yes or ☐ No

(Refunds vary depending on project. State surcharges are non-refundable.)

Please explain the reason for your request.

Permit Holder: _____ License #: _____

Company Name: _____ Phone: _____

E-Mail Address: _____

Permit Holder Signature: _____

State of Florida

County of _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ on-line
notarization, this ____ day of _____, 20____, by _____.

Signature of Notary Public

Seal:

Personally Known OR Produced Identification

Type of Identification Produced: _____