



Town of Juno Beach

340 Ocean Drive, Juno Beach, Florida 33408
Phone: (561) 626-1122 Fax: (561) 775-0812

CANCELLATION OF PERMIT

This is a request for a cancellation of the following permit:

Permit Number: _____ Job Address: _____

Owner's Name: _____ Owner's Address: _____

Owner's Phone Number: (____) _____

CONTRACTOR'S INFORMATION:

Contractor's Name: _____ Contractor's Address: _____

License Number: _____

Contractor's Phone: (____) _____

REASON FOR CANCELLATION: No work performed under this permit.

I/we certify that the above statements are true and represent an accurate representation of the facts. Further, I/we agree to hold the Town of Juno Beach, its agents and authorized personnel, harmless, and relieve them from any responsibility for damages, costs or expenses, including but not limited to attorney's fees, resulting from the cancellation of the subject permit or the issuance of a new permit.

STATE OF FLORIDA COUNTY OF PALM BEACH

Before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared _____, owner/contractor of the above mentioned property who is sworn to and subscribed to before me this _____ day of _____, 200____ and who is personally known to me or who has produced _____ as identification.

Owner's Signature

or _____
Qualifier's Signature

Notary Public-State of Florida

Inspector: _____

Building official: _____