



## City of Miami Gardens

Development Services - Building Division  
18605 NW 27th Avenue, City Hall, 1st Floor  
Miami Gardens, FL 33056  
305-622-8027 (Office) 305-626-4220 (Fax)  
[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

# Permit Cancellation & Refund Request Instructions

## Package include the following:

- ◆ **This instruction sheet;**
- ◆ **Cancellation Form;**

## Cancellation where no work has been performed:

In order to cancel a permit where the work will not take place, the following must be submitted.

- ◆ Form Letter from the contractor or permit holder requesting permit cancellation and stating that no work has been performed. If the contractor is no longer available or unwilling to submit the letter the request can be made by the property owner. If the permit is valid at the time of request for cancellation and the permit holder is not submitting the request, then the property owner will be required to complete a hold harmless letter. Please note that in cases where a hold harmless letter is required there will be a 10 working days waiting period prior to the cancellation. Additionally, the department will notify all interested parties (original permit);
- ◆ Original Validated Permit;
- ◆ Job set of plans (if applicable);
- ◆ **If the permit is expired, a fee of \$75.40 is required at the time of cancellation request.**

Upon receipt of the letter you will be contacted to schedule a field inspection confirming that no work was performed. If the performance of the inspection determines that work was not performed, the permit will be cancelled. However, **if work is determined to have been performed you will be required to complete the work covered under the scope of the permit and obtain all mandatory inspections or remove work in place.** If the permit has expired you will be required to have it re-issued prior to proceeding with the work and obtaining the mandatory inspections.

Please be advised that your request will not be accepted if any of the required documentation is missing or in cases where work has commenced as evidenced by an inspection result entered in the computer system.

## Cancellation where work has been performed:

In the unique instances where work has been removed or the work was superseded by another permit, the following must be submitted.

- ◆ A letter from the permit holder certifying that the work was removed and/or superseded by another permit number (provide specific permit number). The letter must include the permit number, job address and a contact name and telephone number. If the contractor is no longer available or unwilling to submit the letter, the request may be made by the property owner.
- ◆ For cases where the work has been removed, the applicant is required to submit the job copy of the plans. An inspection will be performed to verify the work has been removed. Following the performance of the inspection, if it is determined the work was removed then the permit will be cancelled. If work in place remains, you will be required to complete the work covered under the scope of the permit prior to obtaining mandatory inspections.
- ◆ In cases where a permit has been superseded by a new permit, the requesting party must submit copies of the new permit and plans referencing the old number and the new number. An inspection may be scheduled to verify the work performed. Once the Division is satisfied that there is a duplicate, the permit will be cancelled.



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## PERMIT CANCELLATION REQUEST

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Reference:** Contractor Name: \_\_\_\_\_

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

Jobsite Address: \_\_\_\_\_

Cancellation Reason: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work has: [ ] not taken place; [ ] or, taken place.

Please be advised that this is a request to cancel above referenced information. Should you need any further information please contact the above referenced contact at the phone number indicated.

Sincerely;

\_\_\_\_\_  
**Signature of Applicant**

### Applicant Signature Notary

State of Florida, County of Miami -Dade  
Sworn and subscribed to me this:

\_\_\_\_\_  
**Month Day Year**

Personally Known or Identification:

\_\_\_\_\_  
**(Type of ID and expiration date)**

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Notary Public

Notary Public Stamp: