



INDIAN RIVER COUNTY/CITY OF VERO BEACH
BUILDING DIVISION

1801 27th Street, Vero Beach, FL 32960 772 226-1260

Request for Permit Cancellation

Please submit this form via email or drop off at the Building Division. Email: buildingsupportspecialist@ircgov.com

Permit #: _____

Property Address:
Contractor: Phone#: Email:
Owner: Phone#: Email:
Scope of Work:
Justifiable Reason for Cancellation:
Permit cancellation is only available on permits where the work has not commenced. Request must be signed by the permit holder and must be notarized.
Signature of Qualifier/Permit Holder Print Name Date
Acknowledgement for Person in an Individual Capacity
The foregoing instrument was acknowledged before by means of [] physical presence or [] online notarization this _____ day of _____, 20_____, by _____ who is [] personally known or [] produced identification
Type of ID Produced _____
Printed Name of Notary _____
Signature of Notary _____
Notary Seal
Acknowledgement for Person in a Representative Capacity
The foregoing instrument was acknowledged before by means of [] physical presence or [] online notarization this _____ day of _____, 20_____, by _____ (Name of Person) as _____ (Explain Representative Capacity) for _____ (Name of Party on Behalf of Whom Instrument was Executed).
who is [] personally known or [] produced identification
Type of ID Produced _____
Printed Name of Notary _____
Signature of Notary _____
Notary Seal