



**Building Department**  
 104 S. Church Ave Mulberry, FL 33860  
 P.O. Box 707, Mulberry, FL 33860-0707  
 Phone: (863) 425-1125 ♦ Fax: (863) 425-0188  
[www.cityofmulberryfl.org](http://www.cityofmulberryfl.org)

**BUILDING CANCELLATION FORM**

**Permit Number** **Parcel/Folio #**



**Site Address**

**Permit Description**

---



---

Form Completed by:  Owner-Builder    Contractor    Design Professional

**Contractor Information**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Property Owner Information** *\*Property owner contact information is required*

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Status of Work**

Has Work Commenced:  Yes    No

**Reason for Cancellation**

---



---

*Prior to canceling my permit, I understand applicable fees are required to be paid in full and failure to pay may result in my license being placed on hold.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_, by \_\_\_\_\_

Who Is  or Is Not  personally know to me. Identified By: \_\_\_\_\_  
(Type of Identification)

\_\_\_\_\_  
 NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
 PRINT NOTARY NAME

My Commission Expires: \_\_\_\_\_

(SEAL)