



City of Ormond Beach
Building Services Division
22 S. Beach Street
Ormond Beach, FL 32174
(386) 676-3233

APPLICATION CANCELLATION REQUEST

Date: _____

I, _____ the undersigned permit holder and/or property owner of the property located at _____ (property address listed on permit/application), am requesting to cancel the following permit/application number: _____. By this letter, I am the responsible party who will address any issues or concerns regarding this cancellation request. Please contact me if additional information is needed and/or any applicable fees related to this application/permit are due.

_____ (Notary Public)

Sincerely,

Permit Holder's Signature: _____

Phone: _____

Email: _____