



Alachua County
Department of Growth Management
 10 SW 2nd Ave., Gainesville, FL 32601
<http://growth-management.alachuacounty.us>

Submit Application to: **Building Division**
 building@alachuacounty.us
 Tel. 352.374.5243
 Fax. 352.491.4510

REVOCATION OF PERMIT (Only the owner or contractor may request revocation of the permit)

Permit #: _____ Address: _____

CURRENT OWNER INFORMATION

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

CONTRACTOR INFORMATION

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

REASON FOR REVOCATION AND AFFIDAVIT

I/We certify that the above information is a true and accurate representation of the facts. Further I/We agree to hold Alachua County, it's 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 this permit or issuance of a new permit.

 _____ or _____
OWNER (signature) **CONTRACTOR (signature)**

 _____ or _____
OWNER (printed signature) **CONTRACTOR (printed signature)** **LICENSE #**

STATE OF FLORIDA

SWORN AND SUBSCRIBED BEFORE ME

COUNTY OF ALACHUA

THIS _____ DAY OF _____, 20__

BY _____
 WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE
 PRODUCED _____
 (type of identification)

(SEAL ABOVE)

AS IDENTIFICATION.

 Notary Public, Commission No. _____

 (Name of Notary typed, printed, or stamped)

Building Department office/field verification result: _____