



**DEPARTMENT OF DEVELOPMENT SERVICES**  
**LAND DEVELOPMENT DIVISION**

P.O. Box 150027  
Cape Coral, FL 33915-0027  
LandDevelopment@capecoral.gov

**PERMIT CANCELLATION/VOID REQUEST**

All documents must be uploaded via the EnerGov Customer Self Service portal (CSS)

Permit #: \_\_\_\_\_ Site Address: \_\_\_\_\_

**CURRENT CONTRACTOR INFORMATION**

**OWNER'S INFORMATION**

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

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

Reason for cancelling: \_\_\_\_\_

☐ Work was not done  
(a site check may be scheduled) ☐ Work was completed under Permit #: \_\_\_\_\_

I/We certify that the above information is a true and accurate representation of the facts. Further, I/We agree to hold the City of Cape Coral, its agent, and authorized personnel, harmless and relieve them from any responsibility for damages or expenses, including but not limited to attorney's fees resulting from the cancellation of this permit or the issuance of a new permit. It is the undersigned's responsibility to notify all interested parties of this permit cancellation.

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

**(SIGNATURE MUST BE NOTARIZED)**

STATE \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification.

NOTARY STAMP HERE

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

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

Printed Name of Notary Public: \_\_\_\_\_

**Refund Policy:**

Request to void/cancel within 30 days of application date (*date permit applied for*): \_\_\_\_\_

☐ Refund permit fees minus deposit

Request to void/cancel 31-90 days of application date (*date permit applied for*): \_\_\_\_\_

☐ Credit permit fees toward new permit. (minus deposit)

MUST be used within 90 days of application date or credit is voided (91st day credit is null and void)