



Building Department

214 Sams Avenue
New Smyrna Beach, FL 32168
PHONE: 386-410-2860
WWW.CITYOFNSB.COM

Notice of Permit Cancellation

I am requesting to cancel my Building Permit with the City of New Smyrna Beach.

Permit # _____

Job Address: _____

I am requesting to cancel the permit for the following reason:

I hereby agree that I will indemnify and hold the City harmless from and against any and all claims, demands, lawsuits, settlements, damages, costs and expenses, including Attorney's fees suffered or incurred by the City and arising of or in connection with this permit.

Executed this _____ day of _____, 20__

Qualifier or Owner's Signature

Printed Name

State of: _____

County of: _____

The following instrument was acknowledged before me this _____ Day of _____
20__ by _____, who is personally known to me or produced
_____ (type of identification) as identification and who did/did not
take an oath.

Notary – State of Florida

Name of Notary (Typed, printed or stamped)