



Request to Close Out a Permit Over 6 Years Old

Building Department Project Manager: _____

Date: _____ Permit #: _____ Original Issuance Date: _____

Property Address: _____

Parcel ID#: _____

Owner's Name: _____

Owner's Address: _____
 (If different than above)

Phone #: (_____) _____ - _____ Cell #: (_____) _____ - _____

Email Address _____

Pursuant to Florida State Statute 553.79(15)(a), I certify that I am the property owner of the property referenced above and I am assuming the role of an owner builder in accordance with ss. 489.103(7) and 489.503(6). Further, I certify that although I never obtained approval for a final inspection, the work described in the permit referenced above has been completed and that no apparent safety hazards exist.

I acknowledge that this application is subject to review and that completion of this application does not guarantee approval. A non-refundable fee of **\$75.00** must be paid prior to the review of this application. I certify that all information contained in this application is true and complete to the best of my knowledge.

Signature of Property Owner: _____

State of _____ County of _____

Subscribed and sworn or affirmed before me

this ____ day of _____, 20____,

By _____

Personally, known _____ or produced identification _____

Type of identification produced _____

 Notary Name, Notary Public
 My Commission Expires:

(Seal)

Approved, close the permit.

Rejected, do not close the permit.

Reviewed by: _____ Date: _____