



**Alachua County Board of County Commissioners
Department of Growth Management**

10 SW 2nd Ave., Gainesville, FL 32601
Website: <https://growth-management.alachuacounty.us>

Submit Questions to: **Building Division**
Tel. 352.374.5243
Email: building@alachuacounty.us

REVOCATION OF PERMIT AFFIDAVIT

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

Permit Number _____ Jobsite 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 fact. Further I/We agree to hold Alachua County, its 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.

Owner Signature _____ or Contractor Signature _____

Owner Name (Print) _____ or Contractor Name (Print) _____

Contractor License Number _____

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me by means of _____ physical presence _____ online notarization, this _____ day of _____, _____ (year)

by _____ (name of person) as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

(SEAL ABOVE)

NOTARY PUBLIC, STATE AT LARGE