

Master Permit No. BL 2024-1495Subsidiary Permit No. REV 2025-0068VILLAGE OF PINECREST
Building & Planning Department**CANCELLATION OF PERMIT****INSTRUCTIONS:**

Step 1. Complete the cancellation of permit form which must be signed by the property owner or contractor. The signature must be notarized. Please print or type to allow for a more accurate processing. NOTE: THE PERMIT MAY NOT BE CANCELLED IF WORK HAS COMMENCED OR INSPECTIONS HAVE BEEN PERFORMED.

Step 2. Submit the completed forms with all necessary documents to the Building and Planning Department for processing.

PROPERTY INFORMATION:

Job Address: 13505 SW 63 RD CT PINECREST FL 33156
Address Apt. City State Zip

Folio Number 20-5013-026-0010

<u>PROPERTY OWNER:</u>	<u>CONTRACTOR:</u>
Name: <u>OSCAR ALI LE, GRACE ALI LE</u>	Company Name: <u>PRESTIGE WINDOWS AND DOORS</u>
Address: <u>13505 SW 63 CT</u>	Address: <u>8232 COMMERCE WAY</u>
City: <u>PINECREST</u> State: <u>FL</u> Zip: <u>33156</u>	City: <u>MIAMI LAKES</u> State: <u>FL</u> Zip: <u>33016</u>
Phone: <u>(305) 775-8068</u>	Phone: <u>(305) 820-5999</u>
Fax:	Fax:
Email: <u>glali60@gmail.com</u>	Email: <u>permitting2@prestigewindow.com</u>

REASON FOR CANCELLING PERMIT:

Note: No cancellation permitted for any work that has started or where inspections have occurred

REV 2025-0068 / REVISION CANCELLATION AS PER REVIEWER
INSTRUCTIONS. (ORESTES GARCIA)

HOLD HARMLESS

I agree to hold the Village of Pinecrest, its agents and authorized personnel, harmless, and relieve them from any responsibility for damages, costs or expenses, including attorney's fees, resulting from the cancellation of the existing permit or issuance of a new permit.

Oscar Ali
Signature of Owner
Print Name: Oscar Ali

Personally known _____ or, Produced Identification FL-02

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this 19 day of JANUARY 2026

SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA
Julio Antonio Lassalle
Notary Public - State of Florida
Commission # HH 322342
My Comm. Expires Oct 16, 2026
Bonded through National Notary Assn.

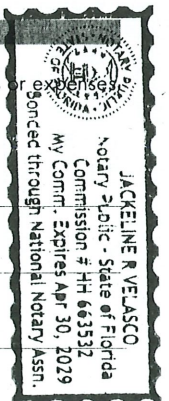
Cristina Scavazzo
Signature of Contractor
Print Name: Cristina Scavazzo

Personally known ☒ or, Produced Identification

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this 19 day of January 2026

SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA



Revised 2/2/2015