

**REQUEST FOR CANCELATION**

Building Inspection Division – Public Request Form

DATE: _____

PERMIT No.: _____

PROJECT ADDRESS: _____

DESCRIPTION OF WORK: _____

OWNER'S NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____

REASON FOR CANCELATION: _____

PERSON REQUESTING CANCELATION: _____

PHONE NUMBER: _____

FOR OFFICE USE ONLY:

REFUND REQUIRED: ☐ YES ☐ NO

INITIAL IF APPROVED: _____