

**REQUEST FOR CANCELATION**

Building Inspection Division – Public Request Form

DATE: _____

PERMIT No.: _____

PROJECT ADDRESS: _____

DESCRIPTION OF WORK: _____

OWNER'S NAME: _____

ADDRESS: _____

PHONE: _____

REASON FOR CANCELATION: (Check all that apply)

- ☐ WORK NOT STARTED
☐ PERMIT ISSUED IN ERROR
☐ SCOPE OF WORK CHANGED / NEW PERMIT REQUIRED
☐ PROJECT ABANDONED
☐ DUPLICATE PERMIT
☐ OTHER (EXPLAIN): _____

REQUESTER INFORMATION

PERSON REQUESTING CANCELLATION:

REQUESTER ROLE: ☐ OWNER (ID required) ☐ AUTHORIZED AGENT ☐ CONTRACTOR (only contractor listed on permit)

EMAIL: _____

PHONE NUMBER: _____

REQUESTER CERTIFICATION

I certify that the information provided above is true and correct. I understand that permit cancellations and refunds, if approved, are subject to County policy and may be partial.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

FOR OFFICE USE ONLY:
REFUND REQUIRED: ☐ YES ☐ NO
INITIAL IF APPROVED: _____