



DIVISION OF  
PERMITS AND INSPECTIONS

**REQUEST TO VOID PERMIT**

PLEASE PRINT

<b>Name/Address/Phone Number:</b>	<b>Name of Company, if applicable:</b>
<b>Permit Number to Void:</b>	<b>Address of Property to Void:</b>
<b>Type of Permit:</b>	<b>List any work that was performed:</b>
<b>Reason for Void:</b>	
<p><b>By signing below, the Applicant is certifying that he/she is authorized to make this request and that the owner/contractor has been notified.</b></p> <p>Signature _____</p> <p>Printed Name _____</p> <p>Date _____</p>	
<b>OFFICE USE ONLY</b>	
<b>Date Request Received:</b> _____	
<b>Date Permit Voided:</b> _____	
<b>Total Fees Refundable (if applicable):</b> _____	