



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> _____  |  |

80 West Baltimore Street | Hagerstown, MD 21740-6003 | P: 240.313.2460 | TDD: 711

[WWW.WASHCO-MD.NET](http://WWW.WASHCO-MD.NET)