



DIVISION OF
PLAN REVIEW & PERMITTING

REQUEST TO VOID PERMIT

PLEASE PRINT

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