



Planning & Development  
Department

PERMIT ACTION REQUEST



The following action is requested: (Check action item box below)

- ☐ **Cancellation** - Request to terminate project and remit payment for any outstanding fees.
- ☐ **Extension** - If within 180 days of permit's expiration date, one free extension of 180 days may be possible.
- ☐ **Refund** - A check or credit to the original account will be issued in 4 to 6 weeks.

<b>Correspondence / Refund should be sent to:</b>		<input type="checkbox"/> Agent	<input type="checkbox"/> Contractor	<input type="checkbox"/> Owner
Name:	_____	Phone:	_____	
Address:	_____			
Email:	_____	Fax:	_____	
Please select preferred method of delivery:		<input type="checkbox"/> Email	<input type="checkbox"/> Mail	

**NOTE:** IF THE REQUESTOR IS NOT LISTED IN OUR FILE, THIS ACTION WILL BE DENIED UNTIL VERIFICATION OR AUTHORITY TO MAKE SUCH REQUEST HAS BEEN ESTABLISHED.

List all applicable permit tracking numbers and parcel numbers: (Ex: B201601234, Parcel #: 125-27-089A)

B _____	Parcel #: _____
B _____	Parcel #: _____
B _____	Parcel #: _____

**Reason for request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, (print / type name) \_\_\_\_\_, the owner / authorized agent of the listed permit(s), agree to pay all fees for services rendered prior to finalization for any approved Cancellation or Renewal request.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INCOMPLETE REQUEST FORMS WILL NOT BE PROCESSED**

[Submit a signed copy of your request here.](#)