



PROJECT / PERMIT TERMINATION REQUEST

PROJECT TYPE

- Building Other _____
- Mechanical _____
- Electrical
- Plumbing

PROJECT ADDRESS

Project Address: _____
Address

PROJECT NUMBER

Project Number: _____
(Example: XX-XXXXX)

PROJECT DESCRIPTION

NOTES

- Projects / Permits may only be terminated by the applicant.
- Once a project / permit is terminated, it cannot be reinstated.

APPLICANT INFORMATION

All fields must be completed unless noted. PLEASE PRINT.

First Name: _____
First Name

Last Name: _____
Last Name

Business Name: _____
Full Business Name

APPLICANT SIGNATURE

By signing below, you state the information provided on this registration application is truthful to the best of your knowledge and you have read and understand the terms of service documentation as it relates to this application.

Name (Printed)

Signature

Date