



REQUEST TO CANCEL PERMIT OR PLAN CHECK

December 2004 (Revised March 31, 2008)

| APPLICANT INFORMATION | |
|-----------------------|------------------|
| Property Address: | Permit No.: |
| Scope of Work: | Date of Request: |
| Contact Person: | Phone No: |

As the permit holder for the above project, cancellation of this permit or plan check is being requested. I acknowledge that issued permits are eligible for refund only if no inspections have been performed; plan checks are eligible for refund if the application is withdrawn prior to any plan check activity. All refunds are subject to a 20% administrative fee.

Please forward any applicable refund as follows:

Payable to (Company Name or Owner Name if Owner/Builder):

Mailing Address (Street):

| | | |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

REASON FOR CANCELLATION

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|--------------------------|-------------------------|
| Print Name of Requestor: | Signature of Requestor: |
|--------------------------|-------------------------|

NOTE TO REQUESTOR:

- Please return the Building Permit Card and include a copy of payment receipt(s).
- Mail or hand-deliver to the following address:

City of Elk Grove
Development Services
Building Safety & Inspection
8401 Laguna Palms Way
Elk Grove, CA 95758

- Allow between two to four weeks for a refund.

