



PERMIT CANCELTION REQUEST FORM

1. Permit Information

Property Owner Name:	
Job Location Address:	City, State ZIP
Permit Type:	Permit Number:
Reason for Cancellation Request: <input type="checkbox"/> Owner Request <input type="checkbox"/> Cost / Materials Availability <input type="checkbox"/> Other:	Project Status: <input type="checkbox"/> The project has started. <input type="checkbox"/> The project has NOT started.

2. Requester Information

Requester Name:	Company Name:
Requester Email:	Requester Phone:
Refund Address:	City, State ZIP:

3. Affidavit & Signature

I, the undersigned, hereby request the cancellation of the indicated permit and the refund of any eligible permit fees in accordance with the SMBA Permit Refund Policy. I hereby certify that I am authorized as the owner or owner's agent to make such a request. I understand that should the work resume at a later date, new permits shall be applied for and fees paid, and that work will not begin until the said permits have been issued by SMBA.

Requester Signature

Date

SMBA Office Use Only

Permit Canceled Not Canceled by _____ (Initials) on _____ (Date).

Eligible for refund? Yes (Submit to Office Manager) No

Office Manager Use Only

Total Refund Amount Less Fees: \$

Expected Check Date: