

Cooper Charter Township 1590 West D Ave, Kalamazoo, MI 49009 Phone: (269) 382-0223

Email Questions: <u>Building@Coopertwp.org</u>

 ${\bf Email\ Official:}\ \underline{{\bf BuildingOfficial@Coopertwp.org}}$

PERMIT CANCELATION REQUEST FORM

1. Permit Information

Property Owner Name:			
Job Location Address:		City, State ZIP	
Permit Type:	Permit Nu	ımber:	
Reason for Cancelation Request:	Project St	catus:	
☐ Owner Request	☐ The pr	oject has started.	
☐ Cost / Materials Availability	☐ The pr	oject has NOT started.	
□ Other:			
2. Requester Information			
Requester Name:	Company	Company Name:	
Requester Email:	Requester Phone:		
Refund Address:		City, State ZIP:	
3. Affidavit & Signature I, the undersigned, hereby request the cancelation of accordance with the Cooper Township Permit Refund owner's agent to make such a request. I understand applied for and fees paid, and that work will not beg	nd Policy. I hereby d that should the w	certify that I am authorized as the owner or work resume at a later date, new permits shall be	
Requester Signature	Date		
Cooper Township Office Use Only			
Permit \square Canceled \square Not Canceled by	(Initials) on	(Date).	
Eligible for refund? 🗆 Yes (Submit to Office Manag	ger) 🗆 No		
Office Manager Use Only			
Total Refund Amount Less Fees: \$	Expected Check Date:		