



## 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 Cooper Township 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 Cooper Township.

Requester Signature

Date

<b>Cooper Township Office Use Only</b>	
Permit <input type="checkbox"/> Canceled <input type="checkbox"/> Not Canceled by _____ (Initials) on _____ (Date).	
Eligible for refund? <input type="checkbox"/> Yes (Submit to Office Manager) <input type="checkbox"/> No	
<b>Office Manager Use Only</b>	
Total Refund Amount Less Fees: \$	Expected Check Date: