



## PERMIT CANCELTION REQUEST FORM

### 1. Permit Information

|   |   |
|---|---|
| Property Owner Name:  |   |
| Job Location Address:   | City, State ZIP   |
| Permit Type:  | Permit Number:  |
| Reason for Cancellation Request:<br><input type="checkbox"/> Owner Request<br><input type="checkbox"/> Cost / Materials Availability<br><input type="checkbox"/> Other: | Project Status:<br><input type="checkbox"/> The project has started.<br><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: |