



REQUEST TO CANCEL PERMIT OR PLAN CHECK

APPLICANT INFORMATION	
Property Address:	Job No.:
Scope of Work:	Date of Request:
Contact Person:	Phone No:
Email Address:	

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have been performed and the permit has not expired; plan checks are eligible for refund if the application is withdrawn prior to any plan check activity.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. Name must match Contractor's Name as it appears on the Permit. If payment is made by a 3rd party, name must match the name on the credit card used. A copy of the credit card receipt to be provided with refund request form.

Mailing Address (Street):		
City:	State:	Zip Code:

REASON FOR CANCELLATION

Print Name of Requestor:	Signature of Requestor:
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NOTE TO REQUESTOR:

- Please submit the completed cancellation form online to Bldonline@elkgrovecity.org for processing.
- Allow between two to four weeks for a refund.

INTERNAL OFFICE USE:

Submitted to: _____	Refund Approved YES or NO
Account Number(s) _____	Refund Amount _____
_____	Refund Amount _____
_____	Refund Amount _____
_____	Refund Amount _____
Approved by: _____	Total Refund Amount _____