



CHESTERMERE

PERMIT HOLDER CANCELLATION REQUEST FORM

Date Received: _____

Requestor's Full Name: _____

Requestor's Contact Number: _____

Requestor's Address: _____

City, Province and Postal Code: _____

Requestor's Fax Number: _____

Requestor's Email Address: _____

Permit to be cancelled:

Address: _____

Permit #: _____

Reason for cancellation:

If the reason is for a duplicate permit (s), please indicate valid permit number(s) below.

Signature of Requestor



For Official Use Only:

Received and reviewed by: _____

Is the request qualified for a refund? YES NO

If Yes, please indicate the total amount of refund: _____

Note: Safety Codes Fee is non-refundable.

If NO, please select the reason why:

- Development Permit has been received and reviewed. If only Development Permit is paid for.

- Building Permit is issued and at least 1 inspection has been done and or already at the Final stage. This applies when Development and Building Permits are paid.

- Utility Permit is issued and at least 1 inspection has been done and or already at the Final stage

Signature of Staff