City of San Juan Capistrano
Development Services Department
32400 Paseo Adelanto
San Juan Capistrano, CA 92675
Phone: (949) 443-6347
Email: building@sanjuancapistrano.org
www.sanjuancapistrano.org/building

PERMIT CANCELLATION REQUEST

IT IS THE POLICY OF THE BUILDING DIVISION OF THE CITY OF SAN JUAN CAPISTRANO THAT THE CANCELLATION OF A PERMIT MUST BE DONE BY THE ORIGINAL PERMIT APPLICANT, ACTING ON BEHALF OF THE PROPERTY OWNER. ANOTHER PARTY TO THIS PERMIT MAY REQUEST CANCELLATION BY SUBMITTING A REQUEST TO THE BUILDING OFFICIAL STATING THE REASONS FOR REQUESTING THE CANCELLATION AND SUBMITTING WITHIN ACKNOWLEDGMENT OF THIS CANCELLATION REQUEST FROM THE PROPERTY OWNER.

DATE: _____

REQUEST TO CANCEL PERMIT #: _____

PROJECT ADDRESS: _____

APPLICANT INFORMATION

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **Zip:** _____

APPLICANT PHONE #: _____

APPLICANT EMAIL ADDRESS: _____

REASON FOR CANCELLATION REQUEST:

- ☐ **No Work Done (no inspection requested)**
- ☐ **Work Removed (plans must be at job site) & Inspection Required to Confirm**
- ☐ **Superseded by Another Permit** **Other Permit Number:** _____
  (If superseded, plans for permit being canceled and plans for permit that is being superseded by are required with your request).
- ☐ **Duplicated** **Other Permit Number:** _____

PERSON REQUESTING CANCELLATION:

- ☐ Property Owner
- ☐ Subcontractor Working for Contractor who is Authorized Agent For Owner

HIRED AGENT FOR:

- ☐ Permit Applicant As Authorized Agent for
- ☐ Owner Contractor As Authorized Agent for Owner

Applicant's Signature: _____ **Date:** _____

Print Name: _____

- FOR OFFICE USE ONLY-

Request Approved by: _____ **Date:** _____

Amount of Refund Authorized _____ , per SJC Municipal Code 8-2.02 (09)