



Permit Cancellation / Refund Request Form

Note: Refund request made 180 days after payment date will be denied.

REQUESTOR INFORMATION

Name: _____

Owner Contractor Agent

Address: _____

Phone Number: _____

Email: _____

PROJECT INFORMATION

Project Address: _____

Permit Number/s: _____

Permit Cancellation

Reason for Request:

Change of Contractor Error / Duplicate Project Canceled

Other: _____

Refund Request

Initial Payment Submitted by: Owner Contractor Agent

Justification:

Signature: _____ Date: _____

Submit Completed Form to ConstructionServices@pwcgov.org

Office Use Only

Cancellation Request: Approved Denied Date: _____

Refund Request: Approved Denied

Justification: _____

Refund Amount: \$ _____

Signature: _____ Date: _____