

Pikes Peak **REGIONAL** Building Department

Permit Cancellation Request

This form must be filled out completely to be accepted.

Date: _____

Select One:
Property Owner _____
Contractor _____

Permit # _____

Applicant Name: _____ Job Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Property Owner

Name: _____ Phone#: _____ Email: _____

Reason(s) for Cancellation of Permit:

Signature of Applicant _____ Date: _____

Office Staff Use Only:

Property owner has been contacted and has verified that no work has been performed under permit.

RETURN THIS FORM TO:

voidrequest@pprbd.org

Approved/Denied: _____
Date Processed: _____
Processed By: _____
Signature: _____

Any person who, knowingly or with the intent to defraud, files a permit cancellation request containing any materially false information or conceals information concerning any fact material thereto, commits a fraudulent act, which may subject such person to penalties.