



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

Request for Permit Cancellation

(Form must be signed and notarized by owner or contractor)

Date: _____

Request to cancel permit number: _____

Reason for cancellation request:

No Work Done (plans must be at job site)

Work Removed (plans must be at job site)

Exempt from Permit

Superseded by Another Permit Other Permit Number: _____

(If superseded, plans for permit being cancelled and plans for permit that is being superseded by are required with your request).

Duplicated Other Permit Number: _____

Customer Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Customer Telephone Number: _____

Customer E-Mail Address: _____

Person requesting cancellation is:

Property Owner

Contractor

Hired Agent for:

Property Owner

Contractor

Customer's Signature: _____

Print Name: _____

STATE OF CALIFORNIA COUNTY OF ORANGE

Sworn to and subscribed before me this _____

day of _____, 20 _____,

by _____

Signature of Notary Public _____

Print Name _____

(SEAL)

Personally known _____

or Produced Identification _____



- FOR OFFICE USE ONLY -

For permits that are superseded by another permit the plans have been: Received Not Required Pending

Request Received by: _____ Title: _____