



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

(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- Superseded by Another Permit Other Permit Number: _____
(If superseded, plans for permit being cancelled and plans for permit that is being superseded by are required with your request).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For permits that are superseded by another permit the plans have been: Received Not Required Pending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:** _____