

# Charter Township of Shelby

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## PERMIT TERMINATION REQUEST

**RE: ADDRESS** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_

THE UNDERSIGNED AS OWNER, OR AUTHORIZED AGENT OF

\_\_\_\_\_, HEREWITH REQUESTS  
(NAME OF COMPANY OR PROPERTY OWNER)

THAT THE ABOVE PERMIT ISSUED TO \_\_\_\_\_ BE TERMINATED,  
EFFECTIVE IMMEDIATELY.

HAS ANY WORK PROCEEDED? \_\_\_\_\_  
YES NO

**IF YES**, AN INSPECTION OF WORK PERFORMED TO DATE IS REQUIRED AND A  
NEW PERMIT SHALL BE OBTAINED FOR COMPLETION. LIST NAME OF NEW  
CONTRACTOR \_\_\_\_\_ (IF APPLICABLE).

PERMIT REFUND REQUESTED IF POSSIBLE. \_\_\_\_\_  
YES NO

\_\_\_\_\_  
NAME OF COMPANY,  
LICENSE HOLDER, AUTHORIZED AGENT/OWNER  
(AS APPLICABLE)

INDICATE: \_\_\_\_\_ LICENSE HOLDER \_\_\_\_\_ AUTHORIZED AGENT \_\_\_\_\_ OWNER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE