

Charter Township of Shelby

Timothy Wood
Building Director

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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