



REQUEST TO CANCEL PERMIT

To: Permits and Inspections Department, District of West Vancouver

Date:	<input type="checkbox"/> Permit Application or <input type="checkbox"/> Issued Permit
Permit Number (If Issued):	Issued Date:
Property Address:	

As the Owner of the property described above, I am requesting cancellation of the above permit. The reason for requesting cancellation is as follows (be descriptive):

Reason for cancelling:

By signing below, I confirm that I have not started any construction and will not be undertaking any construction or alterations to the property. I further confirm that I have advised my contractors and consultants of the Permit cancellation.

Owner's Name: *(Print)* _____

Signature: _____

Contact information of owner:

Address: _____

Phone: _____

E-Mail: _____

Internal Use

Inspector: _____ confirms no work started. Date: _____

Cancellation approved by Manager: _____

Freedom of Information and Protection of Privacy Act: personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and the Community Charter and will be used for the purpose of processing your permit application. If you have any questions about the collection, use or disclosure of this information, please call the Legislative Services Department at 604-921-3497.