

REQUEST TO CANCEL PROJECT PERMIT

Date: _____

City of Santa Rosa
Jesse Oswald, Chief Building Official
100 Santa Rosa Ave, Room 3
Santa Rosa, CA 95404

PROPERTY OWNER INFORMATION

Owner(s) Name: _____
Project Address: _____
Assessor's Parcel No. (APN) _____

PROJECT INFORMATION

Permit No. (The "Project Permit"): _____
Contractor Identified on Project Permit ("Contractor"): _____
Contractor's State License Board (CSLB) Number: _____
Contractor's Mailing Address: _____

OWNER'S STATEMENT TO CANCEL PERMIT

I am the Owner of the Property identified above. I hereby request that the City of Santa Rosa cancel the Project Permit effective immediately. I understand that the City will notify the Contractor identified above of this cancellation.

Owner understands that City is not liable to Owner or any other party should Owner's request to cancel the Project Permit violate Owner's contractual obligations to Contractor or result in a dispute between the Owner and the Contractor relating to the original Project Permit or the plans or specifications associated with that permit.

Property Owner's Signature

Date