



# CITY OF DEARBORN

PERMIT & PLAN REVIEW OFFICE  
16901 Michigan, Suite 6, Dearborn, MI 48126

313-943-2442 (Permit Office)

313-943-3023 (Fax)

## PERMIT CANCELLATION AND REFUND REQUEST

Date: \_\_\_\_\_

Application made for:  Permit Cancellation  Permit Refund

Permit Applicant Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Job Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work has: [  ] not taken place [  ] taken place (Inspections Y or N )

Explanation for request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that all refund request payments are made to the permit holder. Should you need any further information please contact the Permit Office at the phone number indicated above.

\_\_\_\_\_  
Signature of Applicant

### Mail Refund To:

\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY: REFUND:**  Approved  Denied **CANCELLATION:**  Approved  Denied

Explanation: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_  
Less Refund Processing Fee: \$ \_\_\_\_\_  
Less Inspection Fees: \$ \_\_\_\_\_  
**REFUND AMOUNT:** \$ \_\_\_\_\_

Reviewed By \_\_\_\_\_ on \_\_\_\_\_ (date)

Canceled in System by \_\_\_\_\_ on \_\_\_\_\_ (date)

Computer Entry Made \_\_\_\_\_ on \_\_\_\_\_ (date) RAP Group No \_\_\_\_\_

Forwarded to Finance by \_\_\_\_\_ on \_\_\_\_\_ (date)