



# Macomb Township

## Building Department

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[www.macomb-mi.gov](http://www.macomb-mi.gov)

### PERMIT TERMINATION REQUEST

RE: ADDRESS \_\_\_\_\_ PERMIT # \_\_\_\_\_ THE UNDERSIGNED AS

OWNER, PRINCIPAL OR AUTHORIZED AGENT OF \_\_\_\_\_,  
(NAME OF COMPANY)

HEREWITH REQUESTS THAT THE ABOVE PERMIT BE TERMINATED, EFFECTIVE \_\_\_\_\_  
(DATE)

HAS WORK BEEN STARTED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, AN INSPECTION OF WORK PERFORMED TO DATE IS REQUIRED.

A NEW PERMIT IS REQUIRED FOR COMPLETION OF THE WORK.

\_\_\_\_\_  
NAME OF REPLACEMENT CONTRACTOR

\_\_\_\_\_  
FULL NAME OF COMPANY

\_\_\_\_\_  
SIGNATURE OF LICENSE HOLDER OR  
SIGNATURE OF AUTHORIZED AGENT FOR COMPANY  
OR PROPERTY OWNER (NOTARY REQUIRED)

\_\_\_\_\_  
ADDRESS OF COMPANY

\_\_\_\_\_  
PRINT NAME

STATE OF MICHIGAN

ss.

COUNTY OF MACOMB

\_\_\_\_\_  
DATE REC'D BY BUILDING DEPT

\_\_\_\_\_  
Notary Public

Macomb County, Michigan  
My Commission Expires: