



Macomb Township

Building Department

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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: