



*The County Of
Powhatan*

Cancellation of Application/Permit

Permit # _____ Date: _____ Received By: _____

Applicant: _____

Mailing Address: _____

Site Address: _____

Scope of work: _____

I _____ would like to cancel my application/permit for the above mentioned property. I understand that I may be entitled to a partial refund if written request is received by the Building Official within 6 months of application date or 12 months of the issue date where no inspections have been performed. If I choose to do this project or any other construction, I will reapply for a new permit, resubmitting all documents necessary to obtain a permit and pay all permit fees at the time of application.

***Note: Documents will not be returned upon cancellation of an application/permit.**

Check one: Property Owner Contractor

Applicant: _____ Phone #: _____

Signature: _____ Date: _____

Cancellation forms can be processed in our office or by emailing them to the Permit Center Staff at staff-permit@powhatanva.gov