



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)