



Marion County

OREGON

PUBLIC WORKS
Building Inspection Division

REQUEST TO CANCEL A PERMIT OR APPLICATION REQUEST REFUND

APPLICANT: _____ PHONE: _____

MAILING
ADDRESS:

(ADDRESS) (CITY & ZIP CODE)

PROJECT ADDRESS:

(ADDRESS) (CITY & ZIP CODE)

ACTIVITY NUMBER(S) _____

REASON: _____

I would like to cancel the above permit(s) and/or application(s) and if entitled, I request a refund.

SIGNED: _____ DATE: _____

EMAIL ADDRESS: _____

**THERE IS A \$25.00 CHARGE FOR ALL REFUND/CANCELLATIONS
ALLOW UP TO 4 WEEKS TO PROCESS REFUNDS.**

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REV 03/2016

MARION COUNTY

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