



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.**

**IF PERMIT WAS PAID FOR WITH A CREDIT CARD, PLEASE COMPLETE THE ATTACHED
CONFIDENTIAL FORM.**

G:\FORMS\ADMIN\A-32C CANCEL REFUND FORM 10.doc
REV 03/2016

MARION COUNTY
BUILDING INSPECTION DIVISION
5155 Silverton Rd NE * Second Floor
PO Box 14500 Salem, Oregon 97309
Phone: (503) 588-5147

COMPLETE AND FAX CREDIT CARD TRANSMITTAL FORM AND PERMIT APPLICATION TO:
Fax: (503) 589-3292

NOTE: If permit applications are "Incomplete, not legible, information is incorrect, or if the bank has declined "Authorization for Payment" the permit "Cannot" be processed."

FAXES DOWNLOADED "ONCE" EACH DAY
CUT-OFF TIME: 12:00 (NOON)

FAX TRANSMITTAL
VISA, MASTERCARD OR BANK DEBIT CARDS
******* All cards must display the Visa or MasterCard Logo*******

DATE: _____

CARDHOLDER NAME: _____
(PLEASE PRINT OR TYPE AS IT APPEARS ON STATEMENT)

CARDHOLDER'S BILLING ADDRESS: (AS IT APPEARS ON STATEMENT)

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER WITH AREA CODE :(_____) _____

BUSINESS CARD INDIVIDUAL CARD

PERMITS

- Building
- Electrical
- Mechanical
- Plumbing
- Re-inspection Fee
- Research

* Applications that require submittal of plans must be made in person.

CARD NUMBER: _____ *THREE DIGIT SECURITY CODE - located on back of card
(PLEASE PRINT CLEARLY OR TYPE) (A BANK REQUIREMENT)

EXPIRATION DATE: _____ DOLLAR AMOUNT: _____

Cardholder acknowledges receipt of goods and/or service in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

AUTHORIZED SIGNER: _____ DATE: _____

⇒ Schedule Inspection? ___ Yes ___ No

Inspection Code: _____ Description: _____ Date of Inspection: _____

OFFICE USE

PERMIT #: _____ INITIAL & DATE: _____