

PERMIT CANCELLATION REQUEST

Date _____	Permit # _____
Description of work _____	
Job Address _____	
Lot: _____ Tract: _____ APN: _____	
Property Owner _____	
Address _____ City _____ State _____ Zip _____	
Phone# _____ Cell# _____ E-Mail _____	
Contractor _____ License# _____ Exp.Date _____	
Address _____ City _____ State _____ Zip _____	
Phone# _____ Cell# _____ E-Mail: _____	

I certify that no work or installation has commenced. I agree to hold the City of Tehachapi harmless and relieve it from any responsibility or liability for any legal action or damage resulting from the cancellation of the permit. I am aware of, acknowledging, and have no objection to the cancellation of the permit.

Property Owner Signature _____ Date _____

Contractor Signature _____ Date _____