

City of Salem



Massachusetts

INSPECTIONAL SERVICES

City Hall Annex 98 Washington Street, 2nd Floor Salem, MA 01970 978-619-5641

PERMIT CANCELLATION REQUEST FORM

Permit No.: _____

Property Address: _____

Original Applicant's Name: _____

I am requesting the following action to the permit listed above:

Cancel Permit (if permit has been issued the permit fee is non-refundable)

Reason for Cancellation _____

Date: _____

Homeowner Signature: _____

Contractor Signature: _____

Required for if Contractor is requesting removal from the project.