



TOWN OF MANCHESTER - BUILDING INSPECTION DIVISION

494 MAIN STREET • P.O. BOX 191 • MANCHESTER, CT 06045-0191 • PHONE: 860-647-3052 • FAX: 860-647-3144

Permit Cancellation and Application Fee Refund Request

Please be advised that building permit(s) and any payments made thereon are the exclusive property of the owner of record of the named property. All requests to cancel permit(s) and/or refund of application fee(s) require written authorization from the owner of record. Each permit application shall be subject to a minimum \$50 administrative fee, plus any plan review expenses incurred.

Street/Suite Address for which permit cancellation and/or refund are requested:

Permit #	Scope of work	Requesting		INTERNAL USE ONLY			
		Cancellation	Refund	Fees paid	Assigned Inspector	PR time expended	Refund

Property Owner of Record: _____ E-Mail: _____
 Address: _____ Town: _____ State: ____ Zip: _____
 Phone: _____ Mobile: _____ Fax: _____

Certification: I hereby certify that I am the owner of record of the named property and as such are submitting this request.

I request any refund of fees be sent: Owner of record. Recipient listed below:

Name: _____

Address: _____ Town: _____ State: ____ Zip: _____

Phone: _____ Mobile: _____ E-Mail: _____

Signature of Property Owner of record

Printed name of signatory

Date