



Building Department
Phone: (661) 822-2200 Ext. 114
Email: permits@tehachapicityhall.com

APPLICATION FOR BUILDING PERMIT CANCELLATION

Building Permit Number: _____ **Date:** _____

Project address: _____

Lot: _____ Tract: _____ APN: _____

Description of work: _____

Reason for Cancellations: _____

Contractor:

Name: _____ State Contractors Lic. # _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Property Owner:

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

I certify that no work or installation has commenced on said property. I agree to hold the City of Tehachapi harmless and relieve 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's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

- Approved Note: _____
- Denied Reason for denial: _____

Building Official Signature

Date