



Cancellation / Revocation Request

Application/Permit Number:	Date received:
----------------------------	----------------

A. Project Information

Building number, street name		Unit number	Lot/con.
Municipality	Postal code	M-Plan/ R-Plan Number	

B. Purpose of Request Cancel Application Revoke Issued Permit

Description of reason(s)

C. Requestor Requestor is Owner or Authorized agent of owner

Last name	First name	Corporation or partnership	
Street address		Unit number	
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	

D. Owner (if different from Requestor)

Last name	First name	Corporation or partnership	
Street address		Unit number	
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	

E. Declaration of Requestor

I _____ declare that:

(print name)

- The information contained in this cancellation request is true to the best of my knowledge.
- Work described in this building permit application has not commenced.
- I understand that a refund may not be available for the permit fees paid to date as per the Markham Building By-law in force at the time of the building permit application.

_____ _____

Date Signature of Requestor

Personal information contained in this form is collected under the authority of Subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*.