



BUILDING PERMIT WITHDRAWAL

DEPARTMENT OF PLANNING AND BUILDING SERVICES
707 Nevada Street Suite 5 – Susanville, CA 96130-3912
(530)251-8269 – (530) 251-8373 (fax)
www.co.lassen.ca.us

REQUEST FOR:

REFUND WITHDRAWAL

I, _____, request a refund and/or withdraw for **Permit #** _____
(Print Name)

Reason for Request:

Signature of Applicant

Date

Only the Payee on the Application of the permit may receive the refund

----- **For County Use Only** -----

Payee/Applicant Name: _____

Address: _____

City/Zip Code: _____

Phone: _____

NOTE: Refunds will not be processed unless all information is completed

Approved **Not Approved:**

Date: _____ By: _____

Name and Title

Reason: _____