



COUNTY OF RIVERSIDE
DEPARTMENT OF BUILDING AND SAFETY

Request for Permit Withdraw

MIKE LARA
DIRECTOR

Permit Number: _____ Today's Date: _____

Job Address: _____

Applicant Name: _____

Address: _____

Phone Number: _____ Fax Number: _____ Email (optional) _____

Reasons for permit withdraw: _____

Applicant Signature: _____ Date: _____

As identified on the departments "Permit Application"
As the applicant you will be fiscally responsible for ALL supplemental billings, fees and refunds for any and all permits per Ordinance 457.
Any changes in applicant information must be made in writing by the original applicant to the Building Department.

Office use only

Withdraw date: _____ Account balance _____

Comments: _____ Deposit based _____

Manager's Approval _____ Date _____