

# McHenry County Department of Planning & Development

2200 North Seminary Ave.  
Woodstock, IL 60098  
[plandev@mchenrycountyil.gov](mailto:plandev@mchenrycountyil.gov)  
815.334.4560



## PERMIT CANCELLATION REQUEST FORM

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_

Permit cancellation requests shall be submitted in writing using this form.

- Any permit fee refund shall be determined by staff based on the McHenry County Planning and Development Fee Ordinance.
- Prior to cancellation, an inspection may be required to verify the scope of work has not commenced.

In the space below provide the written request to cancel the permit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

### **Office Use Only:**

Associated Request for Enforcement: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Associated Conditional Use Permit: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Construction Status Verified: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Permit fee amount paid: \$ \_\_\_\_\_

Permit fee refund due: \$ \_\_\_\_\_

\_\_\_\_\_ File Copy

\_\_\_\_\_ Inspection Copy

\_\_\_\_\_ RFE Copy