

TO: BUILDING OFFICIAL	-		
DATE:			
SUBJECT: REQUEST TO	CLOSE APPLICATION (	OR PERMIT	
APPLICATION/PERMIT N	NUMBER:		
APPLICATION STATUS: _			
APPLICANT NAME:			
ADDRESS OF PROPERTY			
DISPOSITION OF PLANS	: Return	Discard	
As the Applicant, I requ	est that the above ap	plication/permit be clos	sed for the following reason(s):
Further, we agree to pa	s been performed as o	described on the application fees that may a	ation that has been submitted for review. apply. esentative) and am duly authorized to make
this request.			
Signature of Applicant		<del></del>	
STATE OF			
The foregoing instrume	nt was acknowledged	before me by means o	f [ ] physical presence or [ ] online
			(Printed Name of Above Signatory)
Signature of Notary Public		(NOTARY SEAL)	Personally Known OR Produced Identification Type of Identification Produced:
FOR OFFICE USE ONLY:			
DISPOSITION OF PLANS		Returned to Applicant	
	Sent to Arch		1
	Discarded (	Date:	
SIGNATURE OF STAFF:			December 2023