



Email form to: [dsdlicense@sanantonio.gov](mailto:dsdlicense@sanantonio.gov)

Fax Number: 210-207-0102

To submit for a refund request please click [here](#)

## Cancel Permit Request

To permit & License Division:

I hereby request the cancellation of A/P# \_\_\_\_\_ for the job located at \_\_\_\_\_  
 \_\_\_\_\_ . The reason for the cancellation is as follows:

I certify under penalty of perjury that I am the license holder or authorized agent for this permit. I also understand that I am responsible for paying any unpaid fees before this permit can be cancelled in the system with the Development Services Department.

\_\_\_\_\_  
 License Holder/Authorized Agent Name (print)

\_\_\_\_\_  
 Contact Phone Number

\_\_\_\_\_  
 Signature

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

- A separate application must be completed for each permit being cancelled.

### For Office Use Only:

Accepted by: \_\_\_\_\_

Authorized Agent AC# \_\_\_\_\_

Cancelled by: \_\_\_\_\_

Are any Fees Due:

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

Yes \_\_\_\_\_ NO \_\_\_\_\_

(This form must be OLE'd to A/P in Hansen)