



Email form to: 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)