COMMUNITY DEVELOPMENT
205 North 4th Street | Beatrice, NE 68310
Phone: 402.228.5250 Fax: 402.223.5252
community@beatrice.ne.gov

STAKE YOUR CLAIM
BEATRICE
CITY • BOARD OF PUBLIC WORKS

PERMIT CANCELLATION AND REFUND REQUEST FORM

REQUESTOR'S INFORMATION

Permit Application Number: _____ Request: ☐ Refund ☐ Cancellation *(for permits approved and issued)*

Job Address: _____ Request by: ☐ Owner ☐ Contractor ☐ Other: _____

Name(s): _____

Company Name: _____

Phone: _____ Email: _____

REFUND INFORMATION

(Refunds should be to original Applicant)

Name(s): _____

Company Name: _____

Address to Send Refund: _____

_____

TYPE OF PERMIT TO BE REFUNDED

(**Only** provide **ONE** number per permit application type per job address **per form**)

☐ Building Permit ☐ Plumbing Permit ☐ Electrical Permit ☐ Other *(e.i. Street Space, etc.)*

Reason for Request *(please print clearly)*: _____

_____

_____

ATTACHMENTS

☐ Building Permit Application ☐ Issued Building Permit ☐ Permit Placard *(if permit issued)* ☐ Other *(please specify)*

☐ Issued Plumbing Permit ☐ Issued Electrical Permit ☐ City Council Decision Notification

CERTIFICATION

I hereby certify that I have read and examined this Permit Cancellation and Refund Request Form and affirm the above information, as well as any attached information, as true and correct.

_____ _____

Signature Date

OFFICE USE ONLY

Received by: _____ Date: _____

Reviewed by: _____ Date: _____

☐ OK to Cancel ☐ OK to Refund ☐ Other: _____

Comments: