Customer & Technical Support Center



Cancellation / Refund / Extension Request Form

Land Development Services

Phone: 703-222-0801, TTY 711 Please email completed form to LDSBuildingPermits@fairfaxcounty.gov

REQUESTOR INFORMATION				
Requestor Name:	Own	er 🗌 Contractor	Engineer	🗌 Agent
Address:				
Phone Number:				
PROJECT INFORMATION				
Project Address:	Тах Мар:			
Include all that apply: Permit Number/project number/site-related construction plan number				
1	2			
3	4			
Job description:				
REQUEST INFORMATION				
Complete all sections that apply:				
Permit Cancellation Request				
Reason for Request (check all that app	· · ·	_		
Change of contractor / owner Contractor no longer on job Duplicate permit				
Project cancelled Techn	ician error Other:			
Refund Request				
Original payment type: 🗌 Check 🔄 Cash 🔄 Debit / Credit Card				
Payment submitted by: Owner Contractor Engineer Agent				
Reason for Request (check all that app	ply):			
Overcharge Change of original estimated cost of construction Duplicate Permit				
Change of contractor	ther:			
Extension Request				
Anticipated date of inspection:	B	uilding Permit	Land Disturban	ce Permit
Reason:				
Site-related Construction Plan ———— Withdraw Reason:				
Printed Name:	Signature:		Date:	

[4/16/2018]