



Bureau of Plumbing and Gasfitting Inspections

REQUEST TO CANCEL PLUMBING/GAS PERMIT

From License Holder ONLY

Date of Request: _____ Permit Number: _____

Property Address: _____

Property Owner Name: _____

Property Owner email (if available): _____

Brief description of the **reason to cancel** the permit:

Brief description of permitted work **already completed**:

Brief description of permitted work **to be completed** on this permit:

Documents to be submitted with this form:

1. A **copy of the signed notice of cancellation** sent to the property owner must be on business letterhead or from a company email, and must be submitted with this form.

I am requesting cancellation of the Plumbing Permit identified above. I have notified the property owner in writing of my intent to cancel this permit.

(Print Name)

Licensee's Name

(Signature)

Licensee's Signature

(Print)

Licensee's email address

This form and supporting documents can be sent via email to: paiplumbinginspections@baltimorecountymd.gov or via postal mail to: Plumbing and Gasfitting Inspections, County Office Building, 111 West Chesapeake Avenue, Room G24, Towson Maryland 21204