



Bureau of Plumbing and Gasfitting Inspections

REQUEST TO CANCEL PLUMBING/GAS PERMIT

From Property Owner ONLY

Date of Request: _____ Permit Number (if available): _____

Property Address: _____

License Holder Name: _____

License Number: _____

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:

Provide the Name and License number of the new license holder who will complete the work.

License Holder Name: _____

License Number: _____

New Permit Application #: _____

Documents to be submitted with this form:

1. A **copy of the signed notice of cancellation** sent to the licensee.

I am the owner of the subject property and I am requesting to cancel the Plumbing Permit identified above. I have notified the licensee in writing that I am canceling this Permit.

_____ (Print Name)

Owner's Name

_____ (Signature)

Owner's Signature

_____ (Print)

Owner'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