



# **Marion County**

**OREGON**

**PUBLIC WORKS**

**Building Inspection Division**

## **REQUEST TO CANCEL A PERMIT OR APPLICATION**

**APPLICANT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
(ADDRESS) (CITY & ZIP CODE)

**PROJECT ADDRESS:** \_\_\_\_\_  
(ADDRESS) (CITY & ZIP CODE)

**ACTIVITY NUMBER(S):** \_\_\_\_\_

**REASON:** \_\_\_\_\_

I would like to cancel the above permit(s) and/or application(s) and if entitled, I request a refund.

**SIGNED:** \_\_\_\_\_

**ALLOW UP TO 3 WEEKS TO PROCESS REFUNDS.**

**IF PERMIT WAS PAID FOR WITH A CREDIT CARD, PLEASE COMPLETE THE ATTACHED CONFIDENTIAL FORM.**

**MARION COUNTY**  
**BUILDING INSPECTION DIVISION**  
5155 Silverton Rd NE \* Second Floor  
PO Box 14500  
Salem, Oregon 97309  
(503) 588-5147

**COMPLETE AND FAX CREDIT CARD TRANSMITTAL FORM AND PERMIT APPLICATION TO:**

**FAX # (503) 589-3292**

**NOTE: If permit applications are "Incomplete, not legible, information is incorrect, or if the bank has declined "Authorization for Payment" the permit "Cannot" be processed."**

**FAXES DOWNLOADED "ONCE" EACH DAY  
CUT-OFF TIME: 12:00 (NOON)**

\*\*\*\*\*

**FAX TRANSMITTAL**  
**VISA, MASTERCARD OR BANK DEBIT CARDS**  
\*\*\*\*\*All cards must display the Visa or MasterCard Logo\*\*\*\*\*

DATE: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_  
(PLEASE PRINT OR TYPE AS IT APPEARS ON STATEMENT)

CARDHOLDER'S BILLING ADDRESS: (AS IT APPEARS ON STATEMENT)

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER WITH AREA CODE:(\_\_\_\_\_)\_\_\_\_\_

BUSINESS CARD     INDIVIDUAL CARD

CARD NUMBER: \_\_\_\_\_  
(PLEASE PRINT CLEARLY OR TYPE)

\_\_\_\_\_  
\*THREE DIGIT SECURITY CODE  
LOCATED ON BACK OF CARD  
(A BANK REQUIREMENT)

EXPIRATION DATE: \_\_\_\_\_ DOLLAR AMOUNT: \_\_\_\_\_

Cardholder acknowledges receipt of goods and/or service in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

AUTHORIZED SIGNER: \_\_\_\_\_

⇒ Schedule Inspection?    \_\_\_ Yes    \_\_\_ No

Inspection Code: \_\_\_\_\_ Description: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE**

PERMIT #: \_\_\_\_\_

INITIAL & DATE \_\_\_\_\_