



McHenry County
Department of Planning and Development

www.mchenrycountyil.gov/plandev

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PERMIT CANCELLATION REQUEST FORM

Date: _____

Permit #: _____ Contact Name: _____ Phone: _____

PIN: ____ - ____ - ____ - ____ Address: _____

Permit cancellation requests shall be submitted in writing using this form.

- Any permit fee refund shall be determined by staff based on the McHenry County Planning and Development Fee Ordinance.
Prior to cancellation, an inspection may be required to verify the scope of work has not commenced.

In the space below provide the written request to cancel the permit.

Multiple horizontal lines for writing the request to cancel the permit.

Owner's Name: _____ Owner's Signature: _____

Office Use Only:

Associated Request for Enforcement: Yes: _____ No: _____

Associated Conditional Use Permit: Yes: _____ No: _____

Construction Status Verified: Yes: _____ No: _____

Permit fee amount paid: \$ _____

Permit fee refund due: \$ _____

_____ File Copy _____ Inspection Copy _____ RFE Copy