



**Municipality of Norristown**  
**Department of Building & Code Enforcement**  
 235 E Airy Street, Norristown, PA 19401  
 Phone: (610) 270-0441 Fax (610) 279-7548



**Request to Close/Void an Open Permit**

I, \_\_\_\_\_, hereby make request on this date \_\_\_\_\_  
 to the Municipality of Norristown’s Department of Building & Code Enforcement to Close/Void an open permit obtained by me  
 for the property located at \_\_\_\_\_. The permit  
 I am requesting to be closed/voided is permit number \_\_\_\_\_. I hereby attest that  
 no work has been conducted at this property, in regards to the work outlined in this permit, by me, my employees, or any other  
 contractor or subcontractor in my stead. The reason/purpose for my request of closing/voiding this permit is as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please attach and submit any supporting documents and/or materials you feel will strengthen your request. Once received, you will receive written notification from the Municipality of Norristown within 5-7 business days.**

The information provided in this Application is true and correct to the best of my knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities.

X \_\_\_\_\_  
 Signature of Permit Holder/Authorized Agent Date

Applicant Name (Print): \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Application: \_\_\_\_\_ Received By: \_\_\_\_\_

Approved  Denied Date: \_\_\_\_\_ Director/Supervisor: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_