

Jeffrey L. Lykins, RA
Director

Jorge O. Elorza
Mayor



Department of Inspection and Standards
"Building Pride In Providence"

Contractor Terminating Permit

To: Department of Inspection & Standards

Date: _____

I, _____
Contractor's name and registration number

Contractor Address _____

City _____

State _____ Zip _____ contractor's telephone # _____

Location: _____

Permit Number: _____

Date of Permit: _____

Reason for terminating:

Contractor's Signature

Date